

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05182

1. Entity Name

HIS LOVE REACHING, INC.

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90007 028 ****61.25

Principal Place of Business
C/O GEORGE A. RUBIN
2400 ARDEN DRIVE
SARASOTA FL 34232

Mailing Address
C/O GEORGE A. RUBIN
2400 ARDEN DRIVE
SARASOTA FL 34232-3810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2466063**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, GEORGE A.
2400 ARDEN DRIVE
SARASOTA FL 34232

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBIN, GEORGE A.	
STREET ADDRESS	2400 ARDEN DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RUBIN, NANCY M.	
STREET ADDRESS	2400 ARDEN DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OSORNIO, LANA G.	
STREET ADDRESS	2400 ARDEN DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, RICHARD L	
STREET ADDRESS	1801 N LOCKWOODRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	Brantley, Richard L	
STREET ADDRESS	3223 Proctor Road	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Alan Rubin **SIGNATURE REQUIRED** 6/25/00 **941-371-5743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)