

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 009 *****70.00

DOCUMENT # N05182

1. Entity Name
HIS LOVE REACHING, INC.



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

2. Principal Place of Business

1488 FORAND CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1488 FORAND CIRCLE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PORT CHARLOTTE

City & State

PORT CHARLOTTE

4. FEI Number **59-2466063**

Applied For

Not Applicable

Zip

33952

Country

CHARLOTTE

Zip

33952

Country

CHARLOTTE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, GEORGE A.
2400 ARDEN DRIVE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1488 FORAND CIRCLE

City **PORT CHARLOTTE**

FL

Zip Code **33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George A Rubin
GEORGE A RUBIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RUBIN, GEORGE A.**
STREET ADDRESS **2400 ARDEN DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **31** ☐ Delete
NAME **RUBIN, NANCY M.**
STREET ADDRESS **2400 ARDEN DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ Delete
NAME **OSORNIO, LANA G.**
STREET ADDRESS **2400 ARDEN DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
NAME **BRANTLEY, RICHARD L**
STREET ADDRESS **3223 PROCTOR ROAD**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **1488 FORAND CIRCLE**
STREET ADDRESS **PT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME **1488 FORAND CIRCLE**
STREET ADDRESS **PT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME **1019 GATEWAY LAKES CIRCLE**
STREET ADDRESS **APT 1212 SARASOTA, FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David M. Reardon
DAVID M. REARDON

5-1-03 941-629-7686

CR2E037 (10/02)