

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N22729**

1. Entity Name

**TOTAL LIFE COUNSELING, INC.****FILED****Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90112 001 \*\*\*211.25

Principal Place of Business

Mailing Address

%DAVID A. HATMAKER  
9340 SIR LAWRENCE CT  
WINDERMERE FL 34786%DAVID A. HATMAKER  
9340 SIR LAWRENCE CT  
WINDERMERE FL 34786-8127**11090**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**40-9922677**

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

Name

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

City

**FL**

Zip Code

**HATMAKER, DAVID A.**  
**9340 SIR LAWRENCE CT**  
**WINDERMERE FL 34786**

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	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	HATMAKER, DAVID A.	9340 SIR LAWRENCE COURT	WINDERMERE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HATMAKER, GAIL	9340 SIR LAWRENCE COURT	WINDERMERE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MANNELLA, MARK	408 ENGLISH LAKE DR	WINTER GARDEN FL 34787	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
M	ANDERONE, DAVE	2414 KALCH CT	ORLANDO FL 32818	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	DAVIS, BILL	8713 SOUTHBAY DR	ORLANDO FL 32819	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DAVID A. HATMAKER** 4/20/00 407-9090009

CR2E037 (9/99)