

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90195 001 ***211.25

DOCUMENT # N22729

1. Entity Name

TOTAL LIFE COUNSELING, INC.

Principal Place of Business

%DAVID A. HATMAKER
 9340 SIR LAWRENCE CT
 WINDERMERE FL 34786

Mailing Address

%DAVID A. HATMAKER
 9340 SIR LAWRENCE CT
 WINDERMERE FL 34786

2. Principal Place of Business

2699 Lee Road

Suite, Apt. #, etc.

Suite 430

City & State

Winter Park FL

Zip

32789

Country

ORANGE

3. Mailing Address

P.O. Box 1354

Suite, Apt. #, etc.

W.

City & State

Windermere FL

Zip

34786

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

40-9922677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **CD** ☐ Delete
 NAME **HATMAKER, DAVID A.**
 STREET ADDRESS **9340 SIR LAWRENCE COURT**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **D** ☐ Delete
 NAME **HATMAKER, GAIL**
 STREET ADDRESS **9340 SIR LAWRENCE COURT**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **SD** ☐ Delete
 NAME **MANNELLA, MARK**
 STREET ADDRESS **408 ENGLISH LAKE DR**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **M** ☐ Delete
 NAME **ANDERONE, DAVE**
 STREET ADDRESS **2414 KALCH CT**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **T** ☐ Delete
 NAME **DAVIS, BILL**
 STREET ADDRESS **8713 SOUTHBAY DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)