

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23841

1. Entity Name
PATHWAYS TO GROWTH, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90043 018 ****70.00

Principal Place of Business Mailing Address
C/O DR. KAREN L. BORCHERS
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414
C/O DR. KAREN L. BORCHERS
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414-6274

2. Principal Place of Business 3. Mailing Address
2612 26th Court 2612 26th Court
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jupiter, Fl. 33477 Jupiter, Fl. 33477
Zip Country Zip Country

4. FEI Number 65-0067760
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BORCHERS, KAREN L.
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name Anita G. Storey
Street Address (P.O. Box Number is Not Acceptable)
2612 26th Court
City Jupiter, Fl. FL Zip Code 33477

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 *Anita G. Storey, President* 2/5/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BORCHERS, KAREN L. 11984 SUELLEN CIRCLE W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HILL, JUDITH W. 2545 NE COACHMAN ROAD CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERS, GRACE 324 HENTHORNE DR. PALM SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANITA G. STOREY 2612 26th Court Jupiter, Fl. 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARIAN DeVORE 86 Via de Casa Norte Boynton Beach, Fl. 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHODA WATSON 1103 Stillwater Dr. Jupiter, Fl. 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eunice Frazier 1115 S. "N" St. Lake Worth, Fl. 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anita G. Storey* 2/5/00 561.744.8387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #