

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50419

1. Entity Name

THE WAY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90126 009 ****70.00

Principal Place of Business

Mailing Address

1307 COUNTY ROAD 309
GEORGETOWN FL 32139
US

PO BOX 9412
JACKSONVILLE FL 32208-0412
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4968 Ravenel Place

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number

59-3139518

Applied For

Not Applicable

Zip

32225

Country

USA

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

PIASA, DAVA VON
1307 COUNTY ROAD 309
GEORGETOWN FL 32139

Name

Mary McDaniel

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

4968 Ravenel Place

City

Jacksonville

FL

Zip Code

32225

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

SIGNATURE

Mary A. McDaniel

Mary A. McDaniel

2/6/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PIASA, DAVA VON	
STREET ADDRESS	1307 COUNTY ROAD 309	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDANIEL, MARY A.	
STREET ADDRESS	4968 RAVENEL PL.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYNN, DIANE	
STREET ADDRESS	STAR ROUTE 2, BOX 460	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMPHEAR, MARJORIE	
STREET ADDRESS	HC2-BOX 460	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSLOFF, SIGURD	
STREET ADDRESS	2819 WRIGHT AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, TERRY	
STREET ADDRESS	832 MAPLE COURT	
CITY-ST-ZIP	MAITLAND FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary McDaniel	
STREET ADDRESS	4968 Ravenel Place	
CITY-ST-ZIP	Jacksonville, Florida 32225	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Caraway	
STREET ADDRESS	1656 Algenquin Trail	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Reed	
STREET ADDRESS	900 Gamewell Ave.	
CITY-ST-ZIP	Maitland, FL 32751	
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 entries.

SIGNATURE:

Mary A. McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary A. McDaniel

2/6/00
904-642-6318
Date Daytime Phone #

CR2E037 (9/99)