

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90005 036 ****70.00

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DOCUMENT # N50419

1. Entity Name

THE WAY, INC.

Principal Place of Business

4968 RAVENEL PL
 JACKSONVILLE FL 32225
 US

Mailing Address

PO BOX 9412
 JACKSONVILLE FL 32208
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3139518**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCDANIEL, MARY
4968 RAVENEL PL
JACKSONVILLE FL 32225

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 ☒ Mary McDaniel - President Mary McDaniel 8/13/01
 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
After September 12, 2001, min. will be \$236.25

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 ☒ ~~McDaniel, Mary~~ ☐ Delete
 NAME **MCDANIEL, MARY**
 STREET ADDRESS **4968 RAVENEL PL**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☒ ~~S~~ ☐ Delete
 NAME **CARAWAY, TOM**
 STREET ADDRESS **1656 ALGONQUIN TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ ~~T~~ ☐ Delete
 NAME **REED, ANNE**
 STREET ADDRESS **900 GAMEWELL AVE**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ ~~D~~ ☐ Delete
 NAME **LAMPHEAR, MARJORIE**
 STREET ADDRESS **HC2-BOX 460**
 CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ ~~D~~ ☐ Delete
 NAME **HERSLOFF, SIGURD**
 STREET ADDRESS **2819 WRIGHT AVE.**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ ~~D~~ ☐ Delete
 NAME **GOSS, TERRY**
 STREET ADDRESS **832 MAPLE COURT**
 CITY-ST-ZIP **MAITLAND FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **Secretary Jackie Young**
 STREET ADDRESS **900 Gamewell Ave**
 CITY-ST-ZIP **Maitland, Florida 32751**

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

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

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 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 ☒ Mary McDaniel - President Mary McDaniel 8/13/01 (904) 642-0

CR2E037 (5/01)