## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # N50545** 1. Entity Name PEOPLES RELIEF PROJECT INC. 05-03-2000 90032 018 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 14 380 HARVARD RD VENICE FL 34284-0014 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0355021 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYAN, GERRY 380 HARVARO RD VENICE FL 34293 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Delete ☐ Addition TITLE NAME GASPAR, STEVE CASPAR, STEVE STREET ADDRESS STREET ADDRESS 2204 COOK OAK STREET 2204 COOK OHK ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 SarascitA , FL Change ☐ Addition Delete TITLE **VPD** TITLE NAME NAME RECTOR, JOHN STREET ADDRESS STREET ADDRESS **528 VENICE AVENUE** CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change ☐ Addition ☐ Delete TITI F TITLE BARRIBALL, P R NAME NAME STREET ADDRESS STREET ADDRESS 1524 QUEENS RD CITY-ST-ZIE CITY-ST-ZIP VENICE FL 34293 Delete Change ☐ Addition TITLE TITLE PD NAME NAME RYAN, GERRY RYM, GERCITY STREET ADDRESS STREET ADDRESS 380 HARVARD RD 390 H400 Arm PD CITY-ST-ZIP CITY-ST-ZIP VENICE FL

12. Thereby certify that the information supplied with this filling 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 trusfee 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.

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7(P

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/21/00

941 493 3870

☐ Change

☐ Change

Addition

Addition

Daytime Phone #