

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000450

1. Entity Name

HOUSE OF LIFE, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90051 001 \*\*\*183.75

Principal Place of Business

Mailing Address

~~464 SOUTH CREEK DRIVE~~  
~~OSPREY FL 34229~~  
~~XXXXXXXXXX~~

~~464 SOUTH CREEK DRIVE~~  
~~OSPREY FL 34229~~  
~~XXXXXXXXXX~~

2105 Worrington St.  
Sarasota, FL 34231

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Sarasota, FL 34231

2. Principal Place of Business

3. Mailing Address

2105 Worrington St.  
Suite, Apt. #, etc.

2105 Worrington St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL 34231

City & State

Sarasota, FL 34231

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0372018

Applied For

Not Applicable

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

CARR, RICHARD  
464 SOUTH CREEK DRIVE  
OSPREY FL 34229

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CARR, RICHARD  
STREET ADDRESS 464 SOUTH CREEK DRIVE  
CITY-ST-ZIP OSPREY FL 34229

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

TITLE VD ☐ Delete  
NAME CARR, DEANNA  
STREET ADDRESS 464 SOUTH CREEK DRIVE  
CITY-ST-ZIP OSPREY FL 34229

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

TITLE SD ☐ Delete  
NAME STRINGER, NIKKI  
STREET ADDRESS 1409 NORTH TAMiami TRIAL  
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE SD ☐ Delete  
NAME LUCAS, GLADYS  
STREET ADDRESS 501 GRANADA AVENUE  
CITY-ST-ZIP VENICE FL 34285

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

TITLE D ☐ Delete  
NAME SCHNEIDER, FRED  
STREET ADDRESS 3708 RIVIERA DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE ☐ Delete  
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 like empowered.

SIGNATURE:

Richard Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)