

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000724

1. Entity Name

REACH INC. OF LAKE WALES

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90086 050 ****70.00

Principal Place of Business

Mailing Address

315 N WALKER ST
LAKE WALES FL 33853
US

P.O. BOX 1662
LAKE WALES FL 33859-1662
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

315 N. WALKER STREET
Suite, Apt. #, etc.

P.O. BOX 1662
Suite, Apt. #, etc.

City & State

LAKE WALES, FLORIDA

City & State

LAKE WALES, FLORIDA

4. FEI Number

59-3174433

Applied For

Not Applicable

Zip

33853

Country

POLK

Zip

33859

Country

POLK

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

JACKSON, JACKIE
315 NORTH WALKER STREET
LAKE WALES FL 33853

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 | P | <input type="checkbox"/> Delete |
| NAME | JACKSON, JACKIE | |
| STREET ADDRESS | 18 JOHNSON AVE | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | HUGHES, JOHN W | |
| STREET ADDRESS | 18 JOHNSON AVE | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | ROBINSON, VENEDA | |
| STREET ADDRESS | 207 NORTH SIDE DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBINSON, VENEDA | |
| STREET ADDRESS | 207 NORTH SIDE DR. | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TANT, KRIS | |
| STREET ADDRESS | 1440 LAKEVIEW RD. | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARLTON, LARRY | |
| STREET ADDRESS | 255 AVE A | |
| CITY-ST-ZIP | WAVERLY FL 33877-0024 | |

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKIE JACKSON | |
| STREET ADDRESS | 18 JOHNSON AVE | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONATHAN FREEMAN | |
| STREET ADDRESS | 420 5TH STREET | |
| CITY-ST-ZIP | LAKE WALES, FLA. 33853 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEOLA HOLMES | |
| STREET ADDRESS | 650 S. 3RD. STREET APT. 39 | |
| CITY-ST-ZIP | LAKE WALES, FLORIDA 33853 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VENEDA ROBINSON | |
| STREET ADDRESS | 207 NORTH SIDE DRIVE | |
| CITY-ST-ZIP | LAKE WALES, FLORIDA 33853 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMICA L. BRIDGES | |
| STREET ADDRESS | 30 "B" STREET | |
| CITY-ST-ZIP | LAKE WALES, FLORIDA 33853 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN W. HUGHES | |
| STREET ADDRESS | 18 JOHNSON AVE. | |
| CITY-ST-ZIP | LAKE WALES, FLORIDA 33853 | |

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 another like empowered.

SIGNATURE: Jackie Jackson JACKIE JACKSON 3-10-2000 678-3901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)