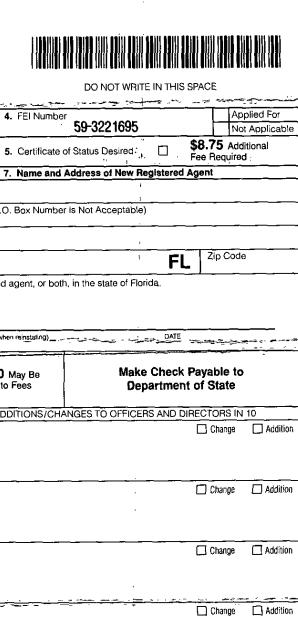
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005765 TAMPA BAY FRIENDS FOR LIFE EDUCATION FUND. INC. Principal Place of Business Mailing Address % 3706 W PALMIRA AVE C/O 3706 W PALMIRA AVE **TAMPA FL 33629** TAMPA FL 33629

FILED Jun 14, 2000 8:00 am Secretary of State

06-14-2000 90002 019 ****61.25



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICHELLE G CASTILLO C/O 3706 W PALMIRA AVE **TAMPA FL 33629** 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 Signature, typed or printed name of registered agent and title if applicable(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10, PD ☐ Delete TITLE TITLE NAME CORRAL, SUZAN NAME STREET ADDRESS 803 LOWERY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL **VDSD** ☐ Delete TITLE TITLE NAME CASTILLO, MICHELLE G NAME STREET ADDRESS STREET ADDRESS 3706 W PALMIRA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE TD TITLE NAME NAME HOLT, RITA STREET ADDRESS STREET ADDRESS 8444 BOXWOOD DR CITY-ST-7IP CITY-ST-ZIP Tampa Fl TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Michelle B. Castillo

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