

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003289

1. Entity Name

A TIME TO LIVE, INC.

Principal Place of Business

116 HURON
DAVIS ISLAND
TAMPA FL 33606

Mailing Address

116 HURON
DAVIS ISLAND
TAMPA FL 33606-3620

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90077 050 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3251335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, RUBY L
116 HURON
DAVIS ISLAND
TAMPA FL 33606

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

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P/D | <input type="checkbox"/> Delete |
| NAME | YOUNG, JOHN D M.D. | |
| STREET ADDRESS | 14041 82ND AVE. NORTH | |
| CITY-ST-ZIP | SEMINOLE FL 34646 | |
| TITLE | T/D | <input type="checkbox"/> Delete |
| NAME | TIPPETT, DAVID G | |
| STREET ADDRESS | 3916 PINAR DR. | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | D/S | <input type="checkbox"/> Delete |
| NAME | CARR, RUBY L | |
| STREET ADDRESS | 116 HURON, DAVIS ISLAND | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *David G. Tippett* REDAUGUST TIPPETT - TREAS 3/27/00 941-756-7193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)