2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005335

Entity Name

COMMUNITY LIFE OPTIONS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

820 Australian Street

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

Same

817 DIXON BLVD., SUITE 9D COCOA FL 32922 817 DIXON BLVD., SUITE 9D COCOA FL 32922-5808

Applied For City & State City & State 4. FEI Number 59-3276630 Not Applicable Merritt Island, Florida Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32953 Brevard 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RIGDON, KENDALL B 840 N. COCOA BLVD SUITE A Zip Code FL COCOA FL 32922 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 Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition **PVST** ☐ Change TITLE ☐ Delete TITLE NAME ALEXANDER, DAVID NAME STREET ADDRESS STREET ADDRESS **820 AUSTRALIAN STREET** CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** Change Addition ☐ Delete TITLE TITLE D NAME NAME JONES, JACK STREET ADDRESS STREET ADDRESS **620 SUNSET LANE** CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 Addition ~ TITLE TITLE Delete NAME BURLESON, LYVONNE STREET ADDRESS STREET ADDRESS 61 MOORE AVENUE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 Delete ☐ Change ☐ Addition TITLE TITLE FULMER, BRYAN NAME NAME STREET ADDRESS STREET ADDRESS 225 MARIAH COURT CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

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changed, or on an attachment with an address, with all other like empowered

4/24/00

321-453-3437

FILED

May 03, 2000 8:00 am Secretary of State

05-03-2000 90100 023 ****61.25

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DO NOT WRITE IN THIS SPACE

Daytime Phone #

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