

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000618

1. Entity Name

NEW BEGINNINGS INTERNATIONAL INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90191 031 ****61.25

Principal Place of Business

Mailing Address

661 CRANBROOK COURT
OVIEDO FL 32766

661 CRANBROOK COURT
OVIEDO FL 32766-5035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3294116

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

DOSS, THOMAS E III
500 E ALTAMONTE DR
SUITE 210
ALTAMONTE SPRINGS FL 32701

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 *Thomas E. Doss*

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 D ☐ Delete
NAME LOCKWOOD, HOWARD D
STREET ADDRESS 661 CRANBROOK COURT
CITY-ST-ZIP OVIEDO FL 32766

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

TITLE D ☒ Delete
NAME LOCKWOOD, JOY B
STREET ADDRESS 661 CRANBROOK COURT
CITY-ST-ZIP OVIEDO FL 32766

TITLE D ☐ Change ☒ Addition
NAME Pam Butler
STREET ADDRESS 2930 Clovis Dr.
CITY-ST-ZIP Deltona FL 32738

TITLE D ☒ Delete
NAME BEAUDOIN, ANDREW
STREET ADDRESS 494 EAGLE CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☒ Addition
NAME Kathy Dawkins
STREET ADDRESS 1119 E. 8th Ave
CITY-ST-ZIP Mt. Dora, FL 32757

TITLE D ☐ Delete
NAME BARTLE, PHYLLIS
STREET ADDRESS 3344 YOTHERS RD
CITY-ST-ZIP APOPKA FL 32712

TITLE ☒ Change ☐ Addition
NAME Bartle, Phyllis
STREET ADDRESS 1310 Winged Foot Dr.
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☒ Delete
NAME BUFFINGTON, CARL
STREET ADDRESS 1402 BENTLEY COVE COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
NAME Michael Messing
STREET ADDRESS 94 Pecan Run
CITY-ST-ZIP Ocala FL 34472

TITLE D ☐ Delete
NAME PLUM, JERRY
STREET ADDRESS 1019 CHESTERFIELD CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
NAME James Kingaugh
STREET ADDRESS 20042 Wood Duck Drive
CITY-ST-ZIP Dunnellon FL 34432

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:

Howard D. Lockwood III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/2000 407/366-8580

CR2E037 (9/99)