

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001800

1. Entity Name

**SURVIVORS OF STALKING, INC.**

**FILED**

**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90002 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

PO BOX 20762  
TAMPA FL 33622-0762  
US

PO BOX 20762  
TAMPA FL 33622-0762  
US

2. Principal Place of Business

**PO Box 173655**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 173655**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

4. FEI Number

**59-3308494**

Applied For

Not Applicable

Zip

Country

**33672**

**USA**

Zip

Country

**33672**

**USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ELLIS, BRIAN C  
6060 RIVER TRACE  
TAMPA FL 33617**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
GOODALE, RENEE  
PO BOX 20762 N/A  
TAMPA FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MACDONALD, MIKE  
PO BOX 20762 N/A  
TAMPA FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DIAL, TERESA  
PO BOX 20762 N/A  
TAMPA FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO Box 173655  
Tampa, Florida 33672** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO Box 173655  
Tampa, Florida 33672** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO Box 173655  
Tampa, Florida 33672** ☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/12/2000 (813) 266-6083**

Date

Daytime Phone #

CR2E037 (9/99)