

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003843

1. Entity Name

FAMILY LIFE RESOURCES, INC.

Principal Place of Business

5802 E FOWLER AVE  
SUITE D  
TAMPA FL 33617  
US

Mailing Address

5802 E FOWLER AVE  
SUITE D  
TAMPA FL 33617-2375  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3333002

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DILLMAN, RICHARD A  
5802 E FOWLER AVE  
SUITE D  
TAMPA FL 33617

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME PD  
DILLMAN, RICHARD A  
STREET ADDRESS 9632 FOX HEARST RD  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME STVD  
DILLMAN, MARY K  
STREET ADDRESS 9632 FOX HEARST RD  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME VD  
ANDERSON, BRUCE C  
STREET ADDRESS 1916 RIVER CROSSINGS DR  
CITY-ST-ZIP VALRICO FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Richard A. Dillman* RICHARD A. DILLMAN

Date

1/4/00

(813) 989-1900

Daytime Phone #