

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004939

1. Entity Name

REALITY CHECK, INC.

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90010 005 ****70.00

Principal Place of Business Mailing Address
701 WEST MAIN STREET 701 WEST MAIN STREET
LEESBURG FL 34748 LEESBURG FL 34748

C0072396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3342297 Applied For
Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired X \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SMITH, JOSEPH R
107B NORTH 12TH STREET
LEESBURG FL 34748
Name
WAYBRIGHT JAMES L.
Street Address (P.O. Box Number is Not Acceptable)
107 N. 12TH ST
City LEESBURG FL Zip Code 34748

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 *James L. Waybright* JAMES L. Waybright - ADMN. Director 6/28/01
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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HINEBAUGH, VANCE | | NAME | ROBBINS, DANIEL | |
| STREET ADDRESS | 3815 ODOM LANE | | STREET ADDRESS | 3520 CASTEN RD. | |
| CITY-ST-ZIP | GROVELAND FL 34736 | | CITY-ST-ZIP | APT #8 LEESBURG FL 34748 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALDIN, CARL | | NAME | BRITT, LINDA | |
| STREET ADDRESS | 4640 S.E. 6TH WAY | | STREET ADDRESS | 2302 JOBBINS DR. | |
| CITY-ST-ZIP | BUSHNELL FL 33513 | | CITY-ST-ZIP | LEESBURG FL 34748 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDLEY, JAMES | | NAME | COLLINS, NATALIE | |
| STREET ADDRESS | 209 SOUTH 7TH STREET | | STREET ADDRESS | 706 WOODLAND AVE. | |
| CITY-ST-ZIP | LEESBURG FL 34748 | | CITY-ST-ZIP | LEESBURG, FL 34748 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRITT, RONALD | | NAME | LOUYS, MARY ANN | |
| STREET ADDRESS | 2302 JOBBINS DRIVE | | STREET ADDRESS | 1195 W. MAGNOLIA ST. | |
| CITY-ST-ZIP | LEESBURG FL 34748 | | CITY-ST-ZIP | LEESBURG, FL 34749-0291 | |
| TITLE | A | <input checked="" type="checkbox"/> Delete | TITLE | AD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, JOSEPH R | | NAME | WAYBRIGHT JAMES L. | |
| STREET ADDRESS | 107 NORTH 12TH STREET | | STREET ADDRESS | 107 N. 12TH ST | |
| CITY-ST-ZIP | LEESBURG FL 34748 | | CITY-ST-ZIP | LEESBURG FL 34748 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *James L. Waybright* JAMES L. WAYBRIGHT 6/28/01 352-255-3036

0002289

CR2E037 (10/00)