

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000337

1. Entity Name

"NEW BEGINNINGS" OUTREACH CENTER, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90121 005 ****61.25

Principal Place of Business

Mailing Address

840 DELTONA BLVD #0
DELTONA FL 32725
US

P O BOX 5781
DELTONA FL 32728-5781
US

2. Principal Place of Business

422 S. WOODLAND BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

City & State

4. FEI Number

59-3382362

Applied For

Not Applicable

Zip

32720

Country

FLORIDA

Zip

Country

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

CASTRIOTA, LOUIS D
840 DELTONA BLVD #0
DELTONA FL 32725

Name

LOUIS D. CASTRIOTA

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

2297 ASBURY RD.

City

DELTONA

FL

Zip Code

32738

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 PD ☐ Delete
NAME CASTRIOTA, LOUIS D
STREET ADDRESS 2297 ASBURY RD
CITY-ST-ZIP DELTONA FL 32738

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

TITLE D ☐ Delete
NAME CASTRIOTA, JANET F
STREET ADDRESS 2297 ASBURY RD
CITY-ST-ZIP DELTONA FL 32738

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

TITLE T ☐ Delete
NAME SMITH, ESTHER
STREET ADDRESS 66 PARK LANE
CITY-ST-ZIP DEBARY FL

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

TITLE T ☐ Delete
NAME PETERSON, MARY
STREET ADDRESS 1309 TRAIL BY THE LAKE
CITY-ST-ZIP DELAND FL

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

TITLE T ☐ Delete
NAME MACDONALD, JOHN A
STREET ADDRESS 1175 GEORGE RYAN RD
CITY-ST-ZIP DELAND FL

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

TITLE T ☒ Delete
NAME THOMPSON, WANDA
STREET ADDRESS 1541 HONTOON RD
CITY-ST-ZIP DELAND FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOUIS D. CASTRIOTA 1/5/00 (407) 860-1289

CR2E037 (9/99)