

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2/1

FILED

Jun 05, 2000 8:00 am  
Secretary of State

05-02-2000 90031 014 \*\*\*\*61.25

DOCUMENT # N96000001218

1. Entity Name

FORWARD STEPS, INC.

Principal Place of Business

Mailing Address

FORWARD STEPS INC

~~705 N 2ND ST~~  
JACKSONVILLE BEACH FL 32250  
US

FORWARD STEPS INC

~~705 N 2ND ST~~  
JACKSONVILLE BEACH FL 32250-7109  
US

2. Principal Place of Business

3. Mailing Address

3820 ZION ROAD

4034 RIVER VALLEY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip  
32207

Country  
USA

Zip  
32277

Country  
USA

4. FEI Number

59-3381636

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

LUTHER, ROBERT A  
3820 ZION RD  
JACKSONVILLE FL 32207

Name JOE WHITAKER  
Street Address (P.O. Box Number is Not Acceptable)  
4034 RIVER VALLEY RD.  
City JACKSONVILLE FL Zip Code 32277

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 registering)

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	<input checked="" type="checkbox"/> Delete
NAME	LUTHER, ROBERT A	
STREET ADDRESS	255 S FLETCHER	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAHARI, AL	
STREET ADDRESS	539 W 81ST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMILTON, SHERRIE	
STREET ADDRESS	2007 EASTERN DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POST, TERRI	
STREET ADDRESS	1713-8 EL CAMINO	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITAKER, JOE	
STREET ADDRESS	10795 ALDEN RD #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPP, JIMMY	
STREET ADDRESS	830 N 1ST ST	
CITY-ST-ZIP	JACKSONVILLE BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4034 RIVER VALLEY RD.	
CITY-ST-ZIP	JF 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOE WHITAKER TREASURER

Date

Daytime Phone #

CR2E037 (9/99)