

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90131 044 \*\*\*\*70.00

**DOCUMENT # N96000006452**

1. Entity Name

**NEW OUTLOOK II, INC.**

Principal Place of Business

Mailing Address

**1241 BLUEHILL DRIVE NORTH  
 JACKSONVILLE FL 32218**

**P.O. BOX 19189  
 JACKSONVILLE 32245-9189**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3421096**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIKORA, GREGORY J  
 900 UNIVERSITY BLVD. NORTH  
 SUITE 700  
 JACKSONVILLE FL 32211**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC**  Delete  
 NAME **GREGORY, E C**  
 STREET ADDRESS **11434 YELLOW TAIL COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVC**  Delete  
 NAME **FLAGG, EUGENE**  
 STREET ADDRESS **4271 MCDANIEL DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **SANDERS, DEBORAH**  
 STREET ADDRESS **11425 HOBART DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  Change  Addition  
 NAME **LeClerc, Donald**  
 STREET ADDRESS **236 Holly Court**  
 CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **DT**  Delete  
 NAME **LEWIS, CHARLES W**  
 STREET ADDRESS **5307 FLEET LANDING BOULEVARD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32233**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D Sommers, Robert**  
 STREET ADDRESS **900 University Boulevard North**  
 CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D Johnson, James**  
 STREET ADDRESS **6865 Tamra Lane**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

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**

*Robert Sommers*  
**Robert Sommers**, 3/23/2000  
 Date Daytime Phone # 904-743-1883

CR2E037 (9/99)