

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006550

1. Entity Name

VICTIMS FIRST, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90199 014 ****70.00

Principal Place of Business

Mailing Address

515 ELEVENTH STREET, WEST
BRADENTON FL 34205

515 ELEVENTH STREET, WEST
BRADENTON FL 34205-7723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1514364

Applied For

☒ Not Applicable

Zip

Country

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

MCGUIRE, PRATT, MASIO & FARRANCE, P.A.
1001 THIRD AVENUE WEST
SUITE 600
BRADENTON FL 34205

Name

CHARLES B. WELLS

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

515 11th Street West

City

Bradenton

FL

Zip Code

34205

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 WELLS, CHARLES B
STREET ADDRESS 515 ELEVENTH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE VD ☐ Delete
NAME WELLS, LESLIE
STREET ADDRESS P.O. BOX 133 N/A
CITY-ST-ZIP PARRISH FL 34264

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

TITLE SD ☐ Delete
NAME MASIO, CAROL A
STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 700
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE TD ☐ Delete
NAME MEADE, BRUCE
STREET ADDRESS 515 ELEVENTH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2000 (94) 747.3011

Date

Daytime Phone #

CR2E037 (9/99)