

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90018 009 ****61.25

602142



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000002915

1. Entity Name

BOOK OF LIFE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1100 S STATE RD SEVEN
 SUITE 201
 MARGATE FL 33068

1100 S STATE RD SEVEN
 SUITE 201
 MARGATE FL 33068-4033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0753348

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

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	D MACHOVEC, MIRIAM 4012 NW 5TH DR DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKEY, DALE 286 SAND RUN RD AKRON OH 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGHMAN, MARILYN 537 NW 46TH AVE DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Secretary</i> MICHAEL L MEDLEY 30 HEATHER COVE DR BOYNTON BCH, FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Michael L Medley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/00

(954) 875 7777

Daytime Phone #

CR2E037 (9/99)