

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003839

1. Entity Name

PATHWAYS TO LIFE INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90065 045 \*\*\*\*70.00

Principal Place of Business

11771 NE 93RD TERRACE  
BRONSON FL 32621  
US

Mailing Address

11771 NE 93RD TERRACE  
BRONSON FL 32621  
US

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

59-3494803

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

CLARK, DIANNE  
11771 NE 93RD TERRACE  
BRONSON FL 32621

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 **S** ☐ Delete  
NAME **CROPPER, DEBBIE**  
STREET ADDRESS **2995 SW 91 ST**  
CITY-ST-ZIP **OCALA FL**

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

TITLE **BOD** ☐ Delete  
NAME **RICHERSON, BIL**  
STREET ADDRESS **213 NE 15TH TERR.**  
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **BOD** ☐ Delete  
NAME **FIE, MAUREEN**  
STREET ADDRESS **4444 U. S. 98N LOT 177**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☐ Addition  
NAME **Board member -**  
STREET ADDRESS **Alice Getz**  
CITY-ST-ZIP **4444 US 98N Lot 177**  
**LAKE LAND FL 33813**

TITLE **PTR** ☐ Delete  
NAME **CLARK, DIANNE DAILEY**  
STREET ADDRESS **11771 NE 93RD TERRACE**  
CITY-ST-ZIP **BRONSON FL 32621**

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

TITLE **VP** ☐ Delete  
NAME **DAILEY, JASON**  
STREET ADDRESS **11771 NE 118TH LANE**  
CITY-ST-ZIP **BRONSON FL 32621**

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

TITLE **BOD** ☐ Delete  
NAME **MOUNTIAN, BILLY BIG**  
STREET ADDRESS **1933 SW 9TH RD.**  
CITY-ST-ZIP **OCALA FL 34474**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (352)486-4489

Date

Daytime Phone #

CR2E037 (10/00)