

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90194 007 ****61.25

DOCUMENT # N97000004288

1. Entity Name

YOU'RE A LIFE SAVER PRECIOUS MOMENTS COLLECTOR'S club

Principal Place of Business

Mailing Address

THE ENTERTAINER
REGENCY SQUARE BLVD
JACKSONVILLE FL 32225

PO BOX 111436
JACKSONVILLE FL 32239

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

59-3430538

Applied For

Not Applicable

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

CANADY, PATRICIA
12686 PUMPKIN HILL RD
JACKSONVILLE FL 32225

Name: C. Laynette Sizemore

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

11338 Elaine Dr.

City: Jacksonville

FL

Zip Code: 32218

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: C. Laynette Sizemore

C. Laynette Sizemore

4/10/00

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	<input type="checkbox"/> Delete
NAME	SIZEMORE, LAYNETTE	
STREET ADDRESS	19338 ELAINE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATTHEWS, BRENDA	
STREET ADDRESS	1401 CRYSTAL SANDS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKS, CATHY	
STREET ADDRESS	2256 LEON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANADY, PATRICIA	
STREET ADDRESS	12686 PUMPKIN HILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<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		

See Attached

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: C. Laynette Sizemore
C. Laynette Sizemore
4/10/00
904-757-5689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Attachment
N97000004288
00030694

10.

PD

**MATTHEWS, BRENDA
1401 CRYSTAL SANDS DR.
JACKSONVILLE, FL 32218**

VD

**CANADY, PATRICIA
12686 PUMPKIN HILL RD
JACKSONVILLE, FL 32226**

SD

**HICKS, CATHY
2256 LEON RD
JACKSONVILLE, FL 32246**

TD

**~~SYMORE~~ SYMORE, LAYNETTE
11338 ELAINE DR.
JACKSONVILLE, FL 32218**

C. Laynette Symore DATE 2-10-00