

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90362 025 \*\*\*\*\*61.25

**DOCUMENT # N97000004288**

1. Entity Name

**YOU'RE A LIFE SAVER PRECIOUS MOMENTS COLLECTOR'S Club**

Principal Place of Business

%THE ENTERTAINER  
 655 REGENCY SQUARE BLVD  
 JACKSONVILLE FL 32225

Mailing Address

PO BOX 111436  
 JACKSONVILLE FL 32239

**816576**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3430538**

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

**SIZEMORE, C. LAYNETTE**  
**11338 ELAINE DR**  
**JACKSONVILLE FL 32218**

Name **C. Laynette Sizemore**

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

**Same**

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 **C. Laynette Sizemore**

Signature, typed or printed name of registered agent and title if applicable.

**C. Laynette Sizemore**

(NOTE: Registered Agent signature required when reinstating)

**2/23/01**

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 **SIZEMORE, LAYNETTE**  
 STREET ADDRESS **19338 ELAINE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Karen Smith**  
 STREET ADDRESS **P.O. Box 1208**  
 CITY-ST-ZIP **Middleburg, FL 32050-1708**

TITLE **VD** ☐ Delete  
 NAME **MATTHEWS, BRENDA**  
 STREET ADDRESS **1401 CRYSTAL SANDS DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE **SD** ☐ Delete  
 NAME **HICKS, CATHY**  
 STREET ADDRESS **2256 LEON RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **TD** ☒ Delete  
 NAME **CANADY, PATRICIA**  
 STREET ADDRESS **12686 PUMPKIN HILL RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **Sizemore, Laynette**  
 STREET ADDRESS **11338 Elaine Dr.**  
 CITY-ST-ZIP **Jacksonville FL 32218**

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: **C. Laynette Sizemore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. Laynette Sizemore** **2/23/01**

DATE

Daytime Phone #

**904-757-5689**

CR2E037 (10/00)