2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9700005055**

RIGHT TO LIFE OF NORTHEAST FLORIDA EDUCATION FUN

FILED May 10, 2002 8:00 am Secretary of State
05-10-2002 90021 007 ****61.25

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Principal Place of Busine	05	Mann	g Address							
16 SAN JUAN AVENUE STE. 13-B 6316 SAN JUAN AVENUE CKSONVILLE FL 32210 JACKSONVILLE FL 32210				STE. 13-	В		U	u u u u a	. U a. a.	
2. Principal Place of Bus	iness	3. Mail	ling Address	-						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		Cit	City & State			4. FEI Number 59-3470619 Applied For Not Applicable				
Zip Country		Zip	Zip Co		ntry 5. Certificate of Status Desired			\$8.75 A	ditional	
6. Nam	e and Address of Curren	<u> </u>	d Agent	Щ	,	7 Name and A	ddroop of New De		Fee Requir	ed
		, , , , , , , , , , , , , , , , , , ,			Name	7. Name and A	ddress of New Re	egisterea	Agent	
TOURISM MOTOR	·		عني الدولمونوع مع							
JOHNSTON, BETTY (6316 SAN JUAN AVE					Street Addre	ess (P.O. Box Number i	is Not Acceptable))		
JACKSONVILLE FL 3							,,			
UNDIVOCATAILLE 1 L O	210				City				Zin Ca	
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8. The above named enti	y submits this statement t	for the purpo	ose of changing it	s registere	ed office or reg	istered agent, or both,	in the state of Flor	ida.		
SIGNATURE	or printed name of registered ager	nt and title if appli	icable. (NO	TF: Begistere	d Apart sissantus sus	quired when reinstating)		DATE		
					Agent signature rec	quired when reinstating)		DATE		
- 110000	: FEE IS \$61.25		9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		re Chec	k Payable nt of Stat	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ec Secretary