

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005772

1. Entity Name

SAFETY AND ACCOUNTABILITY FOR EVERYONE-TOGETHER.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90004 047 ****61.25

Principal Place of Business	Mailing Address
2544 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301	P.O. BOX 10087 TALLAHASSEE FL 32302-2087

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3475732	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ.
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	CAPLOWE, SUSIE	
STREET ADDRESS	P.O. BOX 1201 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302-2101	
TITLE	WCD	<input type="checkbox"/> Delete
NAME	HENDRICKSON, DAN	
STREET ADDRESS	P.O. BOX 1201 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302-1201	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AVERA, MARK	
STREET ADDRESS	305 SE SECOND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VON GLINSKEY, STEPHANIE	
STREET ADDRESS	18 CAMELIA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, ELSIE	
STREET ADDRESS	1910 N W 53RD AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHALEN, TOM	
STREET ADDRESS	200 ANCHORS LAKE DRIVE NORTH	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, KATHERINE	
STREET ADDRESS	160 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWEY, JOHN	
STREET ADDRESS	5060 S. LINCOLN CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSTEDT, CLIFF	
STREET ADDRESS	770 S. PALM AVENUE #1808	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODALL, KAREN	
STREET ADDRESS	579-B E. CALL STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MELODY	
STREET ADDRESS	2288 GRASSROOTS WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 5/1/00 878-5212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)