

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000398**

1. Entity Name

SOUTH COUNTY PEOPLE FOR LIFE, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90018 009 ****61.25

Principal Place of Business

Mailing Address

SOUTH COUNTY PEOPLE FOR LIFE, INC.
251 HAMMOCK TERRACE
VENICE FL 34293**SOUTH COUNTY PEOPLE FOR LIFE, INC.**
251 HAMMOCK TERRACE
VENICE FL 34293-1012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810978

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

Name

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

City

FL

Zip Code

DELANEY, JUDITH
251 HAMMOCK TERRACE
VENICE FL 34293

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:
FEES ARE \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **DOLBY, DWIGHT L**
STREET ADDRESS **642 N. AUBURN ROAD**
CITY-ST-ZIP **VENICE FL 34292**TITLE **D** ☐ Delete
NAME **THOMAS, CAROLYN**
STREET ADDRESS **4293 SPICETREE STREET**
CITY-ST-ZIP **VENICE FL 34293**TITLE **PD** ☐ Delete
NAME **DELANEY, JUDITH**
STREET ADDRESS **251 HAMMOCK TERRACE**
CITY-ST-ZIP **VENICE FL 34293**TITLE **T** ☐ Delete
NAME **BANTING, PATRICIA**
STREET ADDRESS **251 HAMMOCK TERRACE**
CITY-ST-ZIP **VENICE FL 34293**TITLE **521** ☒ Delete
NAME **HAMMOCK TERRACE, PAUL**
STREET ADDRESS **251 HAMMOCK TERRACE**
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☒ AdditionTITLE **VP**
NAME **THOMAS, PAUL**
STREET ADDRESS **4293 SPICETREE ST.**
CITY-ST-ZIP **VENICE, FL 34293**☐ Change ☐ AdditionTITLE
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: *JUDITH DELANEY* **JUDITH DELANEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 **492-2293**