

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90077 026 \*\*\*\*61.25

**DOCUMENT # N98000001588**

1. Entity Name

**FAMILY LIFE COMMUNITY SCHOOL, INC.**

Principal Place of Business

Mailing Address

1616 59TH ST. W.  
 BRADENTON FL 34209

1616 59TH ST. W.  
 BRADENTON FL 34209-4611

**C0019225**



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

**65-0822381**

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

**HAMILTON, W. SCOTT ESQ.**  
**2400 MANATEE AVE W**  
**BRADENTON FL 34205**

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.

**\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, W S ESQ</b>	
STREET ADDRESS	<b>3907 23RD AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHALEY, BRUCE</b>	
STREET ADDRESS	<b>5031 44TH ST W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHALEY, LISA</b>	
STREET ADDRESS	<b>5031 44TH ST W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOMAROV, LOU</b>	
STREET ADDRESS	<b>3402 47TH AVE E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOMAROV, CHERIE</b>	
STREET ADDRESS	<b>3402 47TH AVE E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change
NAME	<b>JEANNE HAMILTON SCOTT HAMILTON</b>	
STREET ADDRESS	<b>3907 23RD AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change
NAME	<b>BRUCE L. WHALEY</b>	
STREET ADDRESS	<b>5005 54TH ST. W.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34210</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change
NAME	<b>LISA WHALEY</b>	
STREET ADDRESS	<b>5005 54TH ST. W.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34210</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change
NAME	<b>LOU KOMAROV</b>	
STREET ADDRESS	<b>3402 47TH AVE E.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change
NAME	<b>JEANNE HAMILTON</b>	
STREET ADDRESS	<b>3907 23RD AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

1/25/2000 941-792-7911

Date

Daytime Phone #