

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002953

1. Entity Name

RIGHT ASSOCIATIONS CENTER INC.

P

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90151 050 ****70.00

Principal Place of Business

RT 1 BOX 110
 CLARKSVILLE FL 32430

Mailing Address

RT 1 BOX 110
 CLARKSVILLE FL 32430

2. Principal Place of Business

3. Mailing Address

P.O. Box 141

P.O. Box 141

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLARKSVILLE FL

City & State

CLARKSVILLE

4. FEI Number

59-3509797

Applied For

Not Applicable

Zip
 32430

Country

USA

Zip
 32430

Country

USA

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

COOLEY, BRIAN W
 RT 1 BOX 110
 CLARKSVILLE FL 32430

Name

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

City

CLARKSVILLE

FL

Zip Code

32430

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
After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
 NAME COOLEY, BRIAN
 STREET ADDRESS RT 1 BOX 110
 CITY-ST-ZIP CLARKSVILLE FL 32430

TITLE P ☐ Change ☐ Addition
 NAME COOLEY, BRIAN
 STREET ADDRESS P.O. Box 141
 CITY-ST-ZIP CLARKSVILLE, FL 32430

TITLE V ☐ Delete
 NAME ADAMS, RILEY
 STREET ADDRESS RT 3 BOX 205
 CITY-ST-ZIP ALTHA FL 32421

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

TITLE S ☐ Delete
 NAME COOLEY, JUDY
 STREET ADDRESS RT 1 BOX 110
 CITY-ST-ZIP CLARKSVILLE FL 32430

TITLE S ☐ Change ☐ Addition
 NAME COOLEY, JUDY
 STREET ADDRESS P.O. Box 141
 CITY-ST-ZIP CLARKSVILLE, FL 32430

TITLE T ☐ Delete
 NAME MCMILLIAN, SUELLA
 STREET ADDRESS PO BOX 40
 CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

TITLE TR ☐ Delete
 NAME RANDOLPH, BERT
 STREET ADDRESS 1416 NE 14R TERRACE
 CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE TR ☐ Delete
 NAME GODWIN, EMORY
 STREET ADDRESS RT 1 BOX 281
 CITY-ST-ZIP BLOUNTSTOWN FL 32424

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:

Signature of Brian W. Cooley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

(850) 674-4510

Daytime Phone #

CR2E037 (5/00)