

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003190

1. Entity Name

NEW BEGINNINGS LIFE CENTER, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90045 016 ****61.25

Principal Place of Business	Mailing Address
3350 COMMERCIAL WAY SPRING HILL FL 34606	3350 COMMERCIAL WAY SPRING HILL FL 34606-2617

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3515814	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	VP	☒ Delete
NAME	SOLA, DOMINIC	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	TD	☐ Delete
NAME	GERLACK, ROBERT	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	☐ Delete
NAME	PHELAN, BRIAN	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	☐ Delete
NAME	HARRIGAN, EARL	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	☐ Delete
NAME	SHYLOCK, T C	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	MD	☐ Delete
NAME	SHYLOCK, T. CHARLES	
STREET ADDRESS	3350 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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: Earl H. Harrigan 16 April 2000 352-686-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #