

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-09-2000 90104 021 ****61.25

DOCUMENT # N98000005922

1. Entity Name

FRIENDS FUR LIFE, INC.

Principal Place of Business

Mailing Address

101 E GATLIN AVE
 ORLANDO FL 32806

101 E GATLIN AVE
 ORLANDO FL 32806-6950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSS, NORMA
1304 BALMY BEACH DR
APOPKA FL 32703

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

NORMA J. ROSS

3/3/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, BETH	
STREET ADDRESS	2565 E KALEY AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, AUDREY	
STREET ADDRESS	3971 ORANGE LAKE DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERMERHORN, GAY	
STREET ADDRESS	610-106 CRANESWAY ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERREALT, MARK	
STREET ADDRESS	3046 CURRYWOODS CIR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mary A. Spring	
STREET ADDRESS	113 Weatherfield Ave North	
CITY-ST-ZIP	Altamonte Springs, Fl. 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETH A. NAJORKA	
STREET ADDRESS	5701 LEON TYSON RD	
CITY-ST-ZIP	ST. CLOUD, FL 34771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN PUGH	
STREET ADDRESS	821 BUCKWOOD DR.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AJ JOHNSON	
STREET ADDRESS	821 BUCKWOOD DR.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

407 240 5331

3/3/00

407-320-2005

DATE

DAYTIME PHONE #

CP2E037 (9/99)