2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000005945

1. Entity Name
THE SANCTUARY LEGAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1400 WINDSOR AVENUE	1400 WINDSOR AVENUE
LONGWOOD FL	LONGWOOD FL
327506830	327506830

2. Principal Place of Business	3. Mailing Address
301 W SR 434	301 W SR 434
Suite, Apt. #, etc. SUITE 317	Suite, Apt. #, etc. SUITE 317
City & State WINTER SPRINGS FL	City & State WINTER SPRINGS FL
Zip 32708 / Country	Zip 32708 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1636974 ☐ Applied For ☐ Not Applicable

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
LEFFLER KENNETH M 1400 WINDSOR AVENUE LONGWOOD FL 327506830	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 _____ 08/22/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFFLER KENNETH M 1400 WINDSOR AVENUE LONGWOOD FL 327506830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER WILLIAM R 108 ROBIN RD, SUITE 2002 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVELL MICAH G 1370 SARNO RD, SUITE A MELBOURNE FL 32936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.