

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001484

1. Entity Name

FRIENDS OF UNDERSTANDING, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90277 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1017-A WEST DIXIE AVE.  
LEESBURG FL 34748

1017-A WEST DIXIE AVE.  
LEESBURG FL 34748-6309

2. Principal Place of Business

3. Mailing Address

PO Box 490066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL 34749

4. FEI Number

59-3565643

Applied For

Not Applicable

Zip

Country

LAKE

Zip

34749

Country

LAKE

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

MILLER, RONALD R  
1017-A WEST DIXIE AVE.  
LEESBURG FL 34748

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 PTD  
NAME MILLER, RONALD R  
STREET ADDRESS 1017-A WEST DIXIE AVE.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME MILLER, DAVID J  
STREET ADDRESS 2327 WEST MAIN ST.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MILLER, KIMBERLY A  
STREET ADDRESS 1017-A WEST DIXIE AVE.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BUSHRI, DANISH  
STREET ADDRESS 1006 BRADFORD DR.  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ABDALLAH, FRANCIS  
STREET ADDRESS 10940 JEWEL BOX LANE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

RONALD R. MILLER 4/27/00 352-787-4699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)