2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002362

1. Entity Name

LISA'S FRIENDS, INC.

Principal Place of Business

12137 SPRINGMOOR NINE COURT
JACKSONVILLE FL 32225

Mailing Address

12137 SPRINGMOOR NINE COURT
JACKSONVILLE FL 32225

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: 59-3579325

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
MCDONOUGH, DONNA O 12137 SPRINGMOOR NINE COURT JACKSONVILLE FL 32225	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 *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 **D** NAME **MCDONOUGH, DONNA O** STREET ADDRESS **12137 SPRINGMOOR NINE COURT** CITY-ST-ZIP **JACKSONVILLE FL 32225**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **MCDONOUGH, EDWARD F** STREET ADDRESS **12137 SPRINGMOOR NINE COURT** CITY-ST-ZIP **JACKSONVILLE FL 32225**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **HUDGENS-SKEENS, LINDA** STREET ADDRESS **12137 SPRINGMOOR NINE COURT** CITY-ST-ZIP **JACKSONVILLE FL 32225**	☒ 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
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CR2E037 (5/00)

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: X _SIGNATURE REQUIRED_   8/6/00   904. 997-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #