

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90083 049 \*\*\*\*61.25

**DOCUMENT # N99000002988**

1. Entity Name

**SHELTER FOR LIFE, INC.**

Principal Place of Business

**1125 NW 27TH AVE  
 FORT LAUDERDALE FL 33311**

Mailing Address

**1125 NW 27TH AVE  
 FORT LAUDERDALE FL 33311**

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

**65-0923413**

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

**ROBINSON, ALEXANDER  
 1125 NW 27TH AVE  
 FORT LAUDERDALE FL 33311**

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	P	<input type="checkbox"/> Delete
NAME	ROBINSON, ALEXANDER	
STREET ADDRESS	1125 NW 27TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, MARY	
STREET ADDRESS	1020 N.W. 24TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, ARTHUR	
STREET ADDRESS	1125 NW 27TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, SIDNEY U	
STREET ADDRESS	6813 OAKHILL	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE FRANKLIN	
STREET ADDRESS	1125 NW 27 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	S.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN MCCALL	
STREET ADDRESS	4932 E 9TH CT	
CITY-ST-ZIP	COCOA CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEROLBY ROBINSON	
STREET ADDRESS	1125 NW 27 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	C.M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF WHITELOW	
STREET ADDRESS	1125 NW 27 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVONNE SUMLIN	
STREET ADDRESS	1125 NW 27 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
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: Alexander Robinson PRESIDENT 4-29-01 954-583-3331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)