

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90011-014-\$61.25-\$61.25

DOCUMENT # N99000003537

1. Entity Name

EACH ONE REACH ONE, INC.

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
A0078237

Principal Place of Business

1252 S. WASHINGTON AVE.
APOPKA FL 32703

Mailing Address

P. O. BOX 2121
APOPKA FL 32704-2121

2. Principal Place of Business

1252 S. WASHINGTON AVE
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2121
Suite, Apt. #, etc.

1252
City & State
APOPKA FL

Zip
32703

Country
Orange

City & State

APOPKA FL

Zip
32703

Country
Orange

4. FEI Number

59-3587526

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIMPSON, CHRISTINE
1252 S. WASHINGTON AVE.
APOPKA FL 32703

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

Christine Simpson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

SEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

ADDRESS
T-ZIP

D
SIMPSON, CHRISTINE
1252 S. WASHINGTON AVE.
APOPKA FL 32703

☐ Delete

ADDRESS
-ZIP

D
STEVENS, JOSEPH
1799 N. COUNTY RD. 19A, APT. X5
EUSTIS FL 32726

☐ Delete

ADDRESS
ZIP

D
DAVIS, RONNY
588 ADAMS AVE.
W. HEMPSTEAD NY 11552

☐ Delete

ADDRESS
IP

☐ Delete

ADDRESS
S

☐ Delete

ADDRESS
S

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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I 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
filed 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
filed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Joseph Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Stevens

9-11-2000

352-587-7116

CR2E037 (9/99)