

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004087

1. Entity Name

HALFWAY BACK, INC.

Principal Place of Business

Mailing Address

2935 NW 23RD DRIVE  
GAINESVILLE FL 32605

2935 NW 23RD DRIVE  
GAINESVILLE FL 32605-2874

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598941

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

RHEA, ROBERTA  
2935 NW 23RD DRIVE  
GAINESVILLE FL 32605

Name

Same

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

*Roberta Rhea*

ROBERTA RHEA

1-13-00

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  
DP  
PARSONS, TIMOTHY K  
702-114 SW 16TH AVENUE  
GAINESVILLE FL 32601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
RHEA, ROBERTA  
2935 NW 23RD DRIVE  
GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
AMUNDSON, ERIC  
2935 NW 23RD DRIVE  
GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Additor

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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:

*Roberta Rhea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99 (352) 335-1986

Date

Daytime Phone #