

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004091

1. Entity Name

LIFESTEPS FOUNDATION, INC.

Principal Place of Business

6201 S MILITARY TRAIL
LAK WORTH FL 33463

Mailing Address

6201 S MILITARY TRAIL
LAK WORTH FL 33463

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

65-0946248

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

ARLEN, ROBERT M
110 E ATLANTIC AVE, SUITE 330
DELRAY BEACH FL 33444

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 D ☐ Delete
NAME HAWKINS, JOHN D SR
STREET ADDRESS 7729 N TREE WAY
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☒ Change ☐ Addition
NAME Hawkins, John D SR
STREET ADDRESS 5320 Indianwood Village Lane
CITY-ST-ZIP Lake Worth, FL 33463

TITLE D ☐ Delete
NAME HAWKINS, JARED
STREET ADDRESS 6370 PINESTAD DR #1423
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☒ Change ☐ Addition
NAME Hawkins, Jared N SR
STREET ADDRESS 6883 Turtle Bay Ter
CITY-ST-ZIP Lake Worth, FL 33463

TITLE D ☐ Delete
NAME HAWKINS, CHARLOTTE
STREET ADDRESS 6201 S MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE D ☐ Delete
NAME BREWER, ROSCOE
STREET ADDRESS 9741 PRESTON RD #304
CITY-ST-ZIP FRESCO TX 75034

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared Hawkins 3-12-01 561-467-6379

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

UJ204710

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90020 018 *****70.00