

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004380

1. Entity Name

SR. MARY FRANCIS WAITE RURAL OUTREACH, INC.

Principal Place of Business

101 S. WAUKESHA ST.  
BONIFAY FL 32425

Mailing Address

101 S. WAUKESHA ST.  
BONIFAY FL 32425

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1097

Suite, Apt. #, etc.

City & State

Bonifay FL

Zip

32425

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MILES E  
101 S. WAUKESHA ST.  
BONIFAY FL 32425

7. Name and Address of New Registered Agent

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)

300003397889--2

-09/13/00-01033-013

\*\*\*\*\*75.00 \*\*\*\*\*75.00

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Anderson	
STREET ADDRESS	2035 Comet Lane	
CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Schubatis	
STREET ADDRESS	230 S. Weeks St.	
CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	S/T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Anderson	
STREET ADDRESS	2030 Midyette Rd	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	C/V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miles Anderson	
STREET ADDRESS	2030 Midyette Rd	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Tullar	
STREET ADDRESS	2923 Pate Pond Rd	
CITY-ST-ZIP	Caryville FL 32427	
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:

Melanie M. Anderson 9/13/2000 850 8784094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

APPROVED  
AND  
FILED

00 SEP 13 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE