

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N99000004644

1. Entity Name

THE DIRECTIONAL CHANGE, INC

R

FILED
Sep 01, 2000 8:00 am
Secretary of State

08-11-2000 90003 013 ****69.00

Principal Place of Business

3796 S.W. 40TH STREET
HOLLYWOOD FL 33020

Mailing Address

3796 S.W. 40TH STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

/Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

ELLIOTT, BONITA L
3796 S.W. 40TH STREET
HOLLYWOOD FL 33020

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)

DATE

8/6/00

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	PRESIDENT/D	<input type="checkbox"/> Delete
NAME	ROSE A. HILL	
STREET ADDRESS	715 SPRINGDALE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	TREASURER/SECRETARY/D	<input type="checkbox"/> Delete
NAME	BERNADETTE AMOS	
STREET ADDRESS	2763 CEDARWOOD PLACE	
CITY-ST-ZIP	THOUSAND OAKS CA 91362	
TITLE	CHAIRMAN/D	<input type="checkbox"/> Delete
NAME	GEARLD ELLIOTT	
STREET ADDRESS	3206 BUNCH AVE	
CITY-ST-ZIP	TALLAHASSEE, FLA 32304	
TITLE	MANAGING DIRECTOR/D	<input type="checkbox"/> Delete
NAME	CHARLES ELLIOTT	
STREET ADDRESS	8881 S.W. 24 PLACE	
CITY-ST-ZIP	MIRMAR FL 33024	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/00 254-966-8037

Date

Daytime Phone #

CR2E037 (5/00)