

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005722

1. Entity Name

TRUE LIFE COMMUNITY RESOURCE CENTER INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90105 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

11 CLEAR LANE  
OCALA FL 34472

11 CLEAR LANE  
OCALA FL 34472-2309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1672572

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

MCKAY, REBECCA  
11 CLEAR LANE  
OCALA FL 34472

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 PD ☐ Delete  
NAME MCKAY, GEORGE  
STREET ADDRESS 11 CLEAR LANE  
CITY-ST-ZIP Ocala FL 34472

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

TITLE VPD ☐ Delete  
NAME MCKAY, REBECCA  
STREET ADDRESS 11 CLEAR LANE  
CITY-ST-ZIP Ocala FL 34472

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

TITLE SD ☐ Delete  
NAME HARGRETT, MARIA  
STREET ADDRESS 513 E. MORGAN STREET  
CITY-ST-ZIP TARPON STRINGS FL 34689

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

TITLE TD ☐ Delete  
NAME HIGGINS, GEORGE III  
STREET ADDRESS 15215 LIVINGSTON AVE.  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete  
NAME HIGGINS, ADRYAN CHAPLIN  
STREET ADDRESS 15215 LIVINGSTON AVE.  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete  
NAME HIGGINS, KARON  
STREET ADDRESS 15215 LIVINGSTON AVE.  
CITY-ST-ZIP LUTZ FL 33549

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:

Rebecca McKay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 (352)687-2437

Date

Daytime Phone #

CR2E037 (9/99)