

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90367 004 \*\*\*150.00

**DOCUMENT # P94000054382**

1. Entity Name

**PLAN C OF NORTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**8137 NAVARRE PKWY  
DEVINCI'S ITALIAN STE D  
NAVARRE FL 32566**

**8144 RALEIGH ST.  
NAVARRE FL 32566**

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 **87-0001307**  
**85-325-6004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAEFFER, RONALD  
8144 RALIGH ST  
GULF BREEZE FL 32566**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVT  
SCHAEFFER, RONALD  
8144 RALEIGH ST.  
NAVARRE FL 32566** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-26-2002 850 935-6956**

CR2E034 (9/01)

Attachment #  
P94000054382

Ronald Schaeffer  
8137 Naranja Pkwy  
Naranja  
Florida  
32566  
3.19.02

353097

Division of Corporations  
~~Uniform Business Report Filings~~  
P.O. Box 1500  
Tallahassee  
FL. 32302-1500

Dear Sir/Madam.

I would like to draw your attention to the FEI number on the attached correspondence. The correct FEI number is 59-325-6004 and is not 67 000 1307 as shown. The 67 000 1307 number is the sole proprietor number I used prior to becoming a corporation. Therefore please ensure the correct number, 59-325-6004, is shown on all future correspondence. I did alert you regarding this matter last year, however it is still showing incorrect.

Regards

Ron Schaeffer