

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90010 049 \*\*\*150.00

**DOCUMENT # P98000016489**

1. Entity Name  
**HERE WE ARE, INC.**

Principal Place of Business  
**3308 EAST FOREST LAKE DRIVE  
 SARASOTA FL 34232**

Mailing Address  
**3308 EAST FOREST LAKE DRIVE  
 SARASOTA FL 34232**

*Change.*

**A0004651**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1780 OAK STREET**

3. Mailing Address  
**1780 OAK STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SARASOTA, FLORIDA**

City & State  
**SARASOTA, FLORIDA**

4. FEI Number **65-0825823**

Applied For  
 Not Applicable

Zip  
**34236**

Country  
**USA**

Zip  
**34236**

Country  
**USA**

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**

**MIDDLEBROOKS, J H ESQ  
 200 SOUTH ORANGE AVENUE  
 SARASOTA FL 34236**

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 *David M. Campbell*  
 Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE *1-10-2001*

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, 2001 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 **PD** ☐ Delete  
 NAME **CAMPBELL, DAVID M**  
 STREET ADDRESS **3308 E. FOREST LAKE DR**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **CAMPBELL, DAVID M.** ☐ Change ☐ Addition  
 NAME **1780 OAK STREET**  
 STREET ADDRESS **SARASOTA, FLORIDA**  
 CITY-ST-ZIP **34236**

TITLE **STD** ☐ Delete  
 NAME **CAMPBELL, VICTORIA H**  
 STREET ADDRESS **3308 E. FOREST LAKE DR**  
 CITY-ST-ZIP **SARASOTA FL 34232**

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

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

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 empowerment.

SIGNATURE: *David M. Campbell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-2001 941320-1988**  
 Date Daytime Phone #

CR2E034 (10/00)