

Lost Copies of Corporate papers  
do not have

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299000020447  
1. Entity Name  
Lifestyle Adult & Family  
Services, INC.

APPROVED  
AND  
FILED

00 SEP 18 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4512 Bimini DR.  
Bradenton FL  
34210

Mailing Address  
5726 Cortez Rd. W.  
PMB #285  
Bradenton, FL 34210

2. Principal Place of Business  
4512 Bimini DR.  
Suite, Apt. #, etc.  
N/A

3. Mailing Address  
5726 Cortez Rd. W.  
Suite, Apt. #, etc.  
PMB #285

DO NOT WRITE IN THIS SPACE

City & State  
Bradenton FL  
Zip  
34210  
Country  
MANATEE

City & State  
Bradenton FL  
Zip  
34210  
Country  
MANATEE

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  
~~Robert X. Lyons (No Longer)  
Leighton Drive  
Tampa FL~~  
registered Agent

7. Name and Address of New Registered Agent  
Name: Joyce Kane  
Street Address (P.O. Box Number is Not Acceptable)  
4512 Bimini Drive  
Bradenton  
City: Bradenton FL Zip Code: 34210

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.

020-48-6688

SIGNATURE: Joyce A. Kane 9-13-00  
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, 2000 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Joyce A. Kane 4512 Bimini Drive Bradenton FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joyce A. Kane 9-13-00 329-6446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #