

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032719

1. Entity Name

NEW LIFE FAMILY RESOURCE CENTER, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 033 ***158.75

Principal Place of Business

Mailing Address

1051 3RD AVENUE NORTH
SUITE F6
SAINT PETERSBURG FL 33705

1051 3RD AVENUE NORTH
SUITE F6
SAINT PETERSBURG FL 33705-1438

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

45-0916743

☒ 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARREN, DORIS L	
STREET ADDRESS	1051 3RD AVENUE NORTH, SUITE F6	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, NATHANIEL J	
STREET ADDRESS	1051 3RD AVENUE NORTH, SUITE F6	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MCLEATA J	
STREET ADDRESS	1051 3RD AVENUE NORTH, SUITE F6	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, DIONNA M	
STREET ADDRESS	1051 3RD AVENUE NORTH, SUITE F6	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CO CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK E. JOHNSON	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA E WHITE	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL D. WHITE	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOON GOODING	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKIE SPRADLEY	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULETTE JONES	
STREET ADDRESS	1051-3RD A/N SUITE F6	
CITY-ST-ZIP	ST. PETE. FL. 33705	

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 a other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DORIS L WARREN 1/25/00 727-867-6257

CR2E034 (9/99)