

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N92000000219**

1. Entity Name

**FAMILY LIFE CENTER INTERNATIONAL, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90201 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3872 TAMiami TRAIL  
 UNIT C  
 PT. CHARLOTTE FL 33952  
 US**

**P.O. BOX 6060  
 PORT CHARLOTTE FL 33949-6060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0368234**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOOD, STEPHEN D.  
 3872 TAMiami TRAIL UNIT C  
 PORT CHARLOTTE FL 33952**

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          | DP                        | <input type="checkbox"/> Delete |
| NAME           | <b>WOOD, STEPHEN D</b>    |                                 |
| STREET ADDRESS | <b>3439 MELISSA COURT</b> |                                 |
| CITY-ST-ZIP    | <b>PORT CHARLOTTE FL</b>  |                                 |
| TITLE          | DV                        | <input type="checkbox"/> Delete |
| NAME           | <b>BURNHAM, JAMES</b>     |                                 |
| STREET ADDRESS | <b>1808 CAMINA PLACE</b>  |                                 |
| CITY-ST-ZIP    | <b>FARMINGTON NM</b>      |                                 |
| TITLE          | DST                       | <input type="checkbox"/> Delete |
| NAME           | <b>JAUQUITH, MICHAEL</b>  |                                 |
| STREET ADDRESS | <b>401 HANCHEY DR.</b>    |                                 |
| CITY-ST-ZIP    | <b>NOKOMIS FL 34275</b>   |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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: STEPHEN WOOD **STEPHEN WOOD** 4/27/00 (941) 764-7725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)