

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM****Secretary of State****DOCUMENT # 730196****1. Entity Name****PREGNANCY HELP AND INFORMATION CENTER, INC.****Principal Place of Business**

1132 EAST TENNESSEE ST.

TALLAHASSEE
323086912

FL

Mailing Address

1132 EAST TENNESSEE ST.

TALLAHASSEE
323086912

FL

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**59-1745861**

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**WARFEL, TIMOTHY J.
3748 FORSYTHE WAYTALLAHASSEE
32308

FL

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 _____ **01/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KIRSCHKE JIM		NAME		
STREET ADDRESS	3163 FERNSGLEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TISCHLER DONNA		NAME		
STREET ADDRESS	3440 GALLANT FOX TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WARFEL MERRY L		NAME		
STREET ADDRESS	3748 FORSYTHE WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WARFEL, TIMOTHY J.		NAME		
STREET ADDRESS	3748 FORSYTHE WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HARLEY, FRAN		NAME		
STREET ADDRESS	ROUTE 1, BOX 1140		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	COTTRELL BARBARA		NAME		
STREET ADDRESS	3062 SHAMROCK NORTH		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		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)(f), 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: Timothy J. Warfel****D****01/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)