

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90021 039 ****70.00

DOCUMENT # N12266

1. Entity Name

HANDICAPPED JOB PLACEMENT COUNCIL OF THE FLORIDA

Principal Place of Business

Mailing Address

812 SOUTHARD ST
 P.O. BOX 2571
 KEY WEST FL 33045

812 SOUTHARD ST
 P.O. BOX 2571
 KEY WEST FL 33045-2571

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

59-2596359

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

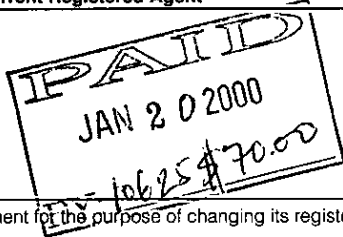
DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILLIAN, GAIL
HYATT 601 FRONT ST
KEY WEST FL 33040



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

Gail Killian

(NOTE: Registered Agent signature required when reinstating)

DATE

X 1-26-00

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	PD	<input type="checkbox"/> Delete
NAME	KILLIAN, GAIL GALE	
STREET ADDRESS	HYATT 601 FRONT ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAWES, STEVE	
STREET ADDRESS	100 COUNTY RD	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WAITE, BRUCE DR.	
STREET ADDRESS	27-B BLUE WATER DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACEVEDO, MONIQUE	
STREET ADDRESS	812 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARNERA, ELENA	
STREET ADDRESS	1111 12TH ST.	
CITY-ST-ZIP	KEYWEST FL 33040	
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		
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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)(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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

305-292-6762

Daytime Phone #

CR2E037 (9/99)