

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90073 035 ****61.25

DOCUMENT # N94000003115

1. Entity Name
HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

Principal Place of Business 1050 GRAPE AVE SAINT CLOUD FL 34769 US	Mailing Address PO BOX 701995 ST. CLOUD FL 34770-1995 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3212535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCWHIRTER, PATRICIA H 1050 GRAPE AVE SAINT CLOUD FL 34769	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, MELISSA 1322 10TH STREET SAINT CLOUD FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terrie Watkins 207 Park Place Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANT, GEORGE A M.D. 1875 BOGGY CREEK RD KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ROBERT 314 DAGANA CT POINCIANA FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY 207 PARK PLACE KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, LINDA 5900 E. IRLO BRONSON HWY ST. CLOUD FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD QUIRK, A 6750 BAYSHORE DRIVE SAINT CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anne G. Quirk* **REQUIRED** **Anne G. Quirk** **1/8/02** **407-891-9199**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

D
Rincon-Dwyer, Maria
2410 Dyer Blvd.
Kissimmee, FL 34741

D.
Winkfield, Gwendolyn
113 White Birch Drive
Kissimmee, FL 34743

D
Sangiovanni, Lori
2906 17th Street
St. Cloud, FL 34769

D
Singh, Olivine
400 Celebration Place
Celebration, FL 34747

D
Spittle, Teresa
175 Gardenia Road
Kissimmee, FL 34743

Attachments
Doc# 194000003115 / 807766