

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90081 011 \*\*\*\*61.25

**DOCUMENT # N98000005804**

1. Entity Name  
**OPERATION HANDCLASP, INC.**

Principal Place of Business 1511 E. FERN ROAD LAKELAND FL 33801	Mailing Address 1511 E. FERN ROAD LAKELAND FL 33801-2339
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-3550177** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOOD, BRADLEY J**  
**2600 NINTH STREET NORTH**  
**2ND FLOOR**  
**ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent  
 Name **Wood, Bradley J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2639 Ninth Street North**  
 City **St. Petersburg, FL** Zip Code **33704**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WOOD, BRADLEY J</b> <b>2600 NINTH STREET NORTH, 2ND FLOOR</b> <b>ST. PETERSBURG FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, ELDON</b> <b>1511 E FERN RD</b> <b>LAKELAND FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEAL, STEVE</b> <b>1104 ARBODELA CT</b> <b>TAMPA FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EVANS, DONALD J</b> <b>23427 PINE LAKE ST</b> <b>LAND O LAKES FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JACKSON, LEON W</b> <b>7303 ALTA LOMA ST</b> <b>TAMPA FL 33625</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wood, Bradley J.</b> <b>2639 Ninth Street North</b> <b>St. Petersburg, FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Bradley J. Wood* **Bradley J. Wood, Director** 04/21/00 727/895-1991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)