

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90066 022 \*\*\*\*65.00

**DOCUMENT # P40929**  
 1. Entity Name  
**SEMINOLE HUMAN SERVICES, INC.**

Principal Place of Business      Mailing Address  
~~269 US #1 SOUTH~~      888 W. BIG BEAVER  
~~SUITE 205~~      SUITE 1440  
~~ST AUGUSTINE FL 32086~~      TROY MI 48064-4738  
~~US~~      US

2. Principal Place of Business      3. Mailing Address  
**888 W. Big Beaver Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 1440**

City & State      City & State  
**Troy, MI**

4. FEI Number      Applied For  
**38-3073688**      Not Applicable

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

Zip      Country      Zip      Country  
**48084**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ZLOCZOVER, VIRGINIA**  
**801 S.W. 34TH AVENUE**  
**BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent  
 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 Virginia Zloczover      Virginia Zloczover      1/25/00  
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	CPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLACK, ROBERT	NAME	
STREET ADDRESS	15100 MACK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINTE PK MI 48230	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JAMES F.	NAME	
STREET ADDRESS	22350 WORESTER	STREET ADDRESS	
CITY-ST-ZIP	NOVI MI	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOCZOVER, VIRGINIA	NAME	
STREET ADDRESS	801 S.W. 34TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARHURST, RON	NAME	
STREET ADDRESS	15100 MARK AVE	STREET ADDRESS	
CITY-ST-ZIP	GROOSE POINT PARK MI 48230	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DANIEL	NAME	
STREET ADDRESS	2692 US #1 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATOGGIO, ANTHONY	NAME	
STREET ADDRESS	2692 US #1 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	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 I am empowered.

SIGNATURE: Virginia Zloczover      Virginia Zloczover      1/25/00      561-998-2447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)