

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30187

1. Entity Name

HOMELESS AND ORPHAN OUTREACH, INC.

Principal Place of Business

500 KENT AVENUE
PO BOX 1370
LAKE PLACID FL 33852-8370

Mailing Address

500 KENT AVENUE
PO BOX 1370
LAKE PLACID FL 33862-1370
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PRILLWITZ, HENRY
330 LAKE MIRROR
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2992538

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	GOODSON, GENE	
STREET ADDRESS	115 6TH ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WHITE, TROY SR.	
STREET ADDRESS	144 HILLSIDE AVENUE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRILLWITZ, HENRY	
STREET ADDRESS	330 LAKE MIRROR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HORNE, JOHN	
STREET ADDRESS	176 EICHOFF LN	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DURRANCE, KATHRYN	
STREET ADDRESS	1125 PEACHTREE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLT, VIRGINIA	
STREET ADDRESS	100 REDWATER LANE	
CITY-ST-ZIP	LAKE PLACID FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Troy White, Sr. - Chairman 1/7/2000 863-465-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #