

DOCUMENT # N97000000530

1. Entity Name

HUMANITY RESOURCES DEVELOPMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-22-2000 90012 045 ****61.25

Principal Place of Business

402 NO LAKESIDE DRIVE
LAKE WORTH FL 33460

Mailing Address

402 NO LAKESIDE DRIVE
LAKE WORTH FL 33460-3117

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0721332

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BROZ, JOHN J
 402 NO LAKESIDE DRIVE
 LAKE WORTH FL 33460

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

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 ☐ Delete

OP
 BROZ, JOHN J
 402 NO LAKESIDE DRIVE
 LAKE WORTH FL 33460

T FAIRBANKS, MS. JENNIFER
 1517 ISLAND DRIVE
 WEST PALM BEACH, FL
 33413

T ~~KEITH W MARTIN~~
~~MARTIN, KENTH W~~

T MARTIN, KEITH W ☐ Delete
 8520 49TH ST NORTH
 STE # 223
 PINELLAS PARK FL 34665

T COLE, DAVID ☐ Delete
 271 NORTH AVE
 SUITE 910
 NEW ROCHELLE, N.Y 10801

T JALWANG, JOHN ☐ Delete
 JALWANG, JOHN
 35 HEYS MOR HEIGHTS
 GREEN HAYS ROAD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

LIVERPOOL ENGLAND UK
 L83 5W

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

Date

Daytime Phone #

CR2E037 (9/99)