

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09162

1. Entity Name

HELP OF FORT MEADE, INC.

FILED

Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90029 037 ****61.25

Principal Place of Business

121 W. BROADWAY
FORT MEADE FL 33841

Mailing Address

121 W. BROADWAY
FORT MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2993886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNELIUS, P. E.
508 S. CHARLESTON
FORT MEADE FL 33844

Name

Barbara A. Frier

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

121 W. Broadway Street

City

Fort Meade

FL

Zip Code

33841

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 Executive Director

Signature, typed or printed name of registered agent and title if applicable.

Barbara A. Frier

(NOTE: Registered Agent signature required when reinstating)

01/02/01

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 ☐ Delete
NAME P
STREET ADDRESS CORNELIUS, P C
CITY-ST-ZIP 508 S CHARLESTON
FT MEADE FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Connellus, P. C.
CITY-ST-ZIP 508 S. Charleston
Fort Meade, FL

TITLE ☐ Delete
NAME S
STREET ADDRESS JONES, MARY
CITY-ST-ZIP 100 SE 6TH ST
FORT MEADE FL 33841

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Dennis Guenther
CITY-ST-ZIP 10 SW 3rd Street
Fort Meade, FL 33841

TITLE ☐ Delete
NAME T
STREET ADDRESS STRESHLEY, FITZHUGH
CITY-ST-ZIP 8 N CHARLESTON
FORT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, MELONY
CITY-ST-ZIP 412 N LANIER AVE
FORT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME O
STREET ADDRESS LIGHTFOOT, MIKE REV
CITY-ST-ZIP PO BOX 903
FT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ED
STREET ADDRESS FRIER, BARBARA A
CITY-ST-ZIP 3204 BIG VALLEY DR
LAKELAND FL 33813

TITLE ☐ Change ☐ 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:

Barbara A. Frier, Executive Director

01/02/01

863-285-6600

Date

Daytime Phone #

CR2E037 (10/00)