

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90045 002 ****61.25

DOCUMENT # 764143

1. Entity Name

FOR HAITI, WITH LOVE, INC.

Principal Place of Business

**4767 SIMCOE ST
PALM HARBOR FL 34683-1311
US**

Mailing Address

**4767 SIMCOE ST
PALM HARBOR FL 34683-1311
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2281665

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR FL 34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD DEHART, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	4767 SIMCOE ST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE NAME	D THOMAS-HUNT, PEGGY	<input type="checkbox"/> Delete
STREET ADDRESS	1850 BELLEMEADE DR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE NAME	STD DEHART, EVA	<input type="checkbox"/> Delete
STREET ADDRESS	4767 SIMCOE ST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE NAME	D MURRAY, MYRTLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2815 QUAIL HOLLOW RD E	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D ARTHURS, MALCOLM R.	<input type="checkbox"/> Delete
STREET ADDRESS	7 MANSTON GARDENS	
CITY-ST-ZIP	LEEDS, ENGLAND	
TITLE NAME	D JUNGERBERG,	<input type="checkbox"/> Delete
STREET ADDRESS	212 S. MANHATTAN	
CITY-ST-ZIP	TAMPA FL	

TITLE NAME	D PERRINO, Dr F. Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6101 WEBB RD # 204	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE NAME	D EDWIN STEVENS III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4025 CLUSTER DR	
CITY-ST-ZIP	HOLIDAY FL 34691-3509	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Eva Dehart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 01

727/938-3245

Date

Daytime Phone #

CR2E037 (10/00)