

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30187

1. Entity Name

HOMELESS AND ORPHAN OUTREACH, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90230 029 ****61.25

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2992538

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

PRILLWITZ, HENRY
330 LAKE MIRROR
LAKE PLACID FL 33852

Name

Troy W. White, Sr.

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

144 Hillside Ave.

City

Lake Placid

FL

Zip Code

33852

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

Troy W. White, Sr. - Troy W. White, Sr. (Chairman) 2/5/2001

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	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	

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	
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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 W. White, Sr. (Troy W. White, Sr.) 2/5/2001 863-465-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)