

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14111

1. Entity Name

FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90042 027 ****61.25

Principal Place of Business

Mailing Address

750 94TH AVE N
213
ST PETERSBURG FL 33702
US

P O BOX 13303
ST PETERSBURG FL 33733-3303
US

U0028826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2605 Driftwood Rd. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

4. FEI Number

59-2685559

Applied For

Not Applicable

Zip 33705

Country US

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

GARDNER, SUSAN R
750 94TH AVE N
SUITE 213
ST PETERSBURG FL 33702

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 STREET ADDRESS CITY-ST-ZIP	T GARDNER, SUSAN R 750 94TH AVE N SUITE 213 ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP CHIPMAN, A.G. 1118 TUXFORD DR. BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMSON, EUGENIA 829 W DR M L KING BLVD TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL-PORE, HELEN 612 N EXCELDA AVE TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, ANGIE 7650 W COURTNEY CAMPBELL PARKWAY TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINGOLD, CAROL 2605 DRIFTWOOD RD. S ST. PETERSBURG FL 33705	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fritz Nueesch 1222 Rainbrook Cir Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Effinger 2301 2nd Ave. So. St. Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Maida Brooks Po Box 66715 St. Petersburg, FL 33736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Secretary Carol Ringold 2605 Driftwood Rd. S. St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Maida Brooks, Exec Dir

3/21/01

727-410-8542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)