

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90038 010 ****61.25

DOCUMENT # N00000000492

1. Entity Name

HEALTH AND EDUCATIONAL RELIEF FOR GUYANA, INC.

Principal Place of Business

Mailing Address

921 AUDREY CT.
TALLAHASSEE FL 32311

921 AUDREY CT.
TALLAHASSEE FL 32311

2. Principal Place of Business

1605 Greville Hills Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32317

Country

Leon

Zip

Country

4. FEI Number

31-1719181

Applied For

Not Applicable

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

Name

unchanged

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

1605 Greville Hills Dr

City

Tallahassee

FL

Zip Code

32317

~~SAMPSON, WAYNE~~
~~921 AUDREY CT.~~
~~TALLAHASSEE FL 32311~~

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

Wayne Sampson

3.13.02

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 ☐ Delete
PTD
SAMPSON, WAYNE
STREET ADDRESS
921 AUDREY ST.
CITY-ST-ZIP
TALLAHASSEE FL 32311

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

TITLE NAME ☒ Delete
SD
CARY, BAYO
STREET ADDRESS
5904 ORCHID SEED LANE
CITY-ST-ZIP
TALLAHASSEE FL 32310

TITLE NAME ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ANIKIA WARD
2935-A WOODRUFF DR.
Tallahassee FL 32301

TITLE NAME ☐ Delete
D
BURNS, BAKARI
STREET ADDRESS
310 LANCASTER DRIVE
CITY-ST-ZIP
TALLAHASSEE FL 32304

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

TITLE NAME ☐ Delete
D
PETTAWAY, LAVERN ARNP
STREET ADDRESS
3891 N. TAMARISK AVENUE
CITY-ST-ZIP
BEVERLY HILLS FL 34465

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

TITLE NAME ☐ Delete
D
BALY, WILLIAM M.D.
STREET ADDRESS
1802 BELLE CHEZ
CITY-ST-ZIP
MT. PLEASANT SC 29464

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

TITLE NAME ☐ Delete
D
OUDREK, COLLIE M.D.
STREET ADDRESS
1072 LINCOLN PLACE
CITY-ST-ZIP
BROOKLYN NY 11213

TITLE NAME ☐ 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:

Wayne Sampson

3.13.02 850-576-4073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)