

2002 UNIFORM BUSINESS REPORT (UBR)

0037236

DOCUMENT # N01000004705

1. Entity Name

GLOBAL AID & HUMAN RESOURCE DEVELOPMENT, INC.

FILED

02 MAY 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1122399

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

Name

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

City

FL

Zip Code

DAVIS, RICHARD T
250 AUSTRALIAN AVENUE SOUTH
SUITE 1601
WEST PALM BEACH FL 33401

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: PRESIDENT
NAME: DR. KEVIN DYSON
STREET ADDRESS: 264 GLENEAGLES DR
CITY-ST-ZIP: ATLANTIS FL 33462

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 200005347662-- 6
CITY-ST-ZIP: -04/25/02--01035--010

TITLE: VICEPRESIDENT
NAME: RUSSEL JOHN NABBITT
STREET ADDRESS: 4506 BACKENBERRY DR.
CITY-ST-ZIP: FRIENDS WOOD TX 77546- 8110

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

TITLE: DIRECTOR/SECRETARY
NAME: PAMELA JOY DYSON
STREET ADDRESS: 264 GLENEAGLES DR
CITY-ST-ZIP: ATLANTIS FL 33462

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

TITLE: DIRECTOR
NAME: ALAN NEESE
STREET ADDRESS: 18629 LAKE BEND DR
CITY-ST-ZIP: JUPITER FL 33458

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

TITLE: ☐ Delete
NAME: ☐ Delete
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: *KEVIN DYSON*
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02

CR2E037 (9/01)