

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90131 037 \*\*\*\*61.25

**DOCUMENT # 715641**

1. Entity Name

**HEART OF FLORIDA LEGAL AID SOCIETY, INC.**

Principal Place of Business

Mailing Address

1805 US HWY 98 SOUTH  
 LAKELAND FL 33801  
 US

1805 US HWY 98 SOUTH  
 LAKELAND FL 33801-6554  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6215748**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, LINDA A**  
**1805 US HWY 98 SOUTH**  
**LAKELAND FL 33801**

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: *Linda A. Moore* **LINDA A. MOORE EXECUTIVE DIRECTOR** **3/22/00**

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  Delete  
 NAME ~~WISEMAN, TIM~~  
 STREET ADDRESS ~~101 GREENFIELD DR~~  
 CITY-ST-ZIP ~~WINTER HAVEN FL 33884~~

TITLE  Change  Addition  
 NAME **BENARD H. GENTRY**  
 STREET ADDRESS **4740 CLEVELAND HEIGHTS BLVD**  
 CITY-ST-ZIP **LAKELAND FL 33807-6559**

TITLE  Delete  
 NAME ~~MORRISON, JOSEPH A~~  
 STREET ADDRESS ~~3500 CAPE COD PLACE~~  
 CITY-ST-ZIP ~~LAKELAND FL 33813~~

TITLE  Change  Addition  
 NAME **KAREN MEEKS**  
 STREET ADDRESS **107 MORNING SIDE DR**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE  Delete  
 NAME **TRAWEEK, AMANDA**  
 STREET ADDRESS **215 N. FLORAL AVE.**  
 CITY-ST-ZIP **BARTOW FL 33831**

TITLE  Change  Addition  
 NAME **JOSEPH P MIRANDI**  
 STREET ADDRESS **141 EAST CENTRAL AVENUE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE  Delete  
 NAME ~~MEEKS, KAREN~~  
 STREET ADDRESS ~~107 Morning Side Dr.~~  
 CITY-ST-ZIP ~~LAKELAND FL 33803~~

TITLE  Change  Addition  
 NAME **DAVID M. PEARCE**  
 STREET ADDRESS **1005 E MEMORIAL BLVD**  
 CITY-ST-ZIP **LAKELAND FL 33802**

TITLE  Delete  
 NAME ~~SNODGRASS, SHERYL~~  
 STREET ADDRESS ~~231 LAKELAND HILLS BLVD~~  
 CITY-ST-ZIP ~~LAKELAND FL 33805~~

TITLE  Change  Addition  
 NAME **SHERYL SNODGRASS**  
 STREET ADDRESS **2310 LAKELAND HILLS BLVD**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE  Delete  
 NAME ~~MIRANDI, JOSEPH R~~  
 STREET ADDRESS ~~508 E FLA AVE, 5TH FLOOR~~  
 CITY-ST-ZIP ~~LAKELAND FL 33805~~

TITLE  Change  Addition  
 NAME **ANNETTE SZOROSY**  
 STREET ADDRESS **1005 E MEMORIAL BLVD**  
 CITY-ST-ZIP **LAKELAND FL 33802**

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: *Linda A. Moore* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 22, 2000 686 7600*

Date

Daytime Phone #

CR2E037 (9/99)