2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90033 005 ****61.25

DOCUMENT # 737117

1. Entity Name

TRI-COUNTY HUMAN SERVICES, INC.

Principal Place of Business	Mailing Address
4683 E. COUNTY ROAD 540A LAKELAND FL 33813-4407	4683 E. COUNTY ROAD 540A LAKELAND FL 33813-4407

DO NOT WRITE IN THIS SPACE

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 59-1708182 ☐ 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
WILCOX, WD 948 HERON COURT WINTER HAVEN FL 33884	Name: Mrs. Bennie Spanjers Street Address (P.O. Box Number is Not Acceptable): 2100 Crump Rd. City: Winter Haven **FL** Zip Code: 33881-9230

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: Bennie Spanjers / David C Neal — 1-10-00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, AMY P. O. BOX 1414 N/A AVON PARK FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYRICK, DIANA P.O. BOX 391 N/A BARTOW FL 33831	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILCOX, WD 948 HERON COURT WINTER HAVEN FL 33884	☒ Delete	Treasurer Mrs. Bennie Spanjers 2100 Crump Rd. Winter Haven, FL 33881-9230	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERS, JOEL 810 W PALMETTO ST WAUCHULA FL	☒ Delete	Director Mr. Paul B. Cate 2218 Starboard Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHM TOMLINSON, VIDA 803 SHADY NOOK CIRCLOE WAUCHULA FL 33873	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC SPANGERS, BENNIE 2100 CRUMP ROAD WINTER HAVEN FL	☒ Delete	Vice Chairman Dr. David Neal 400 Ave. K, S.E. Winter Haven, FL 33880	☐ 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: Bennie Spanjers — SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #