## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am <sup>§</sup> Secretary of State **DOCUMENT # 737117** 1. Entity Name TRI-COUNTY HUMAN SERVICES, INC. 01-29-2001 90184 004 \*\*\*\*61 25 Principal Place of Business Mailing Address 4683 E. COUNTY ROAD 540A 4683 E. COUNTY ROAD 540A 011297 LAKELAND FL 33813-4407 LAKELAND FL 33813-4407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-1708182 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name David Neal Street Address (P.O. Box Number is Not Acceptable) SPANJERS, BENNIE <u>400 Ave. K. SE</u> 2100 CRUMP RD WINTER HAVEN FL 33884 Zip Code 33880 Winter Haven 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. 1-16-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME LAWRENCE, AMY NAME STREET ADDRESS STREET ADDRESS P. O. BOX 1414 N/A CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL Delete ← Change ☐ Addition TITLE TITLE NAME MYRICK, DIANA NAME Linda Troupe STREET ADDRESS STREET ADDRESS P.O. BOX 391 N/A 611 Post Ave., SE CITY-ST-7IP CITY-ST-ZIP BARTOW FL 33831 Winter Haven, FL TITLE Delete TITLE ☐ Addition SPANJERS, BENNIE NAME NAME Brian Lowendowski STREET ADDRESS STREET ADDRESS 2100 CRUMP RD 5047 Hanover Lane CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Lakeland, FL 33813 Delete TITLE √ Change ☐ Addition NAME NAME CATE, PAUL B Sheila Johns STREET ADDRESS STREET ADDRESS 2218 STARBOARD 1710 Vandolah Road CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 Wauchula, FL 33873 Change ☐ Delete TITLE Addition TITLE CHM NAME TOMLINSON, VIDA NAME David Neal STREET ADDRESS STREET ADDRESS 803 SHADY NOOK CIRCLOE 400 Ave K, SE CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 Winter Haven, FL 33880 x Change TITLE X Delete TITLE ☐ Addition NAME SPANGERS, BENNIE NAME Linda Cunniff

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1907(3)(t). Fidnda 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2100 CRUMP ROAD

WINTER HAVEN FL

STREET ADDRESS

CITY-ST-ZIP

Diana Myrick

P-0-Box-391

Daytime Phone #

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## Additional Directors:

D, 1912 (1917) Sylvia Collins P.O. Box 716 Wauchula, FL 33873

D Dorothy Kelley 2250 SR 17 Avon Park, F1 33825

D Joy Peavy 3225 Stat Road 630W Ft. Meade, F1 33841