

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90036 044 ****61.25

DOCUMENT # 737117

1. Entity Name

TRI-COUNTY HUMAN SERVICES, INC.

Principal Place of Business

4683 E. COUNTY ROAD 540A
 LAKE LAND FL 33813-4407

Mailing Address

4683 E. COUNTY ROAD 540A
 LAKE LAND FL 33813-4407

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

NEAL, DAVID
400 AVE K SE
WINTER HAVEN FL 33880

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

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 **D** ☐ Delete
 NAME **LAWRENCE, AMY**
 STREET ADDRESS **P. O. BOX 1414 N/A**
 CITY-ST-ZIP **AVON PARK FL**

TITLE **S** ☒ Change ☐ Addition
 NAME **Lawrence, Amy**
 STREET ADDRESS **P. O. Box 1414**
 CITY-ST-ZIP **Avon Park, FL 33825**

TITLE **S** ☒ Delete
 NAME **TROUPE, LINDA**
 STREET ADDRESS **611 POST AVE SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Tomlinson, Vida**
 STREET ADDRESS **803 Shady Nook Circle**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE **T** ☐ Delete
 NAME **LOWENDOWSKI, BRIAN**
 STREET ADDRESS **5047 HANOVER LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **CHM** ☐ Change ☒ Addition
 NAME **Neal, Dr. David**
 STREET ADDRESS **400 Ave. K, S.E.**
 CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **D** ☐ Delete
 NAME **JOHNS, SHEILA**
 STREET ADDRESS **1710 VANDOLAH RD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **D** ☐ Change ☒ Addition
 NAME **Clay, Sally**
 STREET ADDRESS **220 Moon Glow Ave.**
 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **CHM** ☐ Delete
 NAME **TOMLINSON, VIDA**
 STREET ADDRESS **803 SHADY NOOK CIRCLOE**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **D** ☐ Change ☒ Addition
 NAME **Collins, Sylvia**
 STREET ADDRESS **P. O. Box 716**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE **VC** ☐ Delete
 NAME **CUNNIFF, LINDA**
 STREET ADDRESS **1012 N RIVERDALE**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Change ☒ Addition
 NAME **Conti, Tony**
 STREET ADDRESS **1962 E. Edgewood Drive**
 CITY-ST-ZIP **Lakeland, FL 33803**

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:

David Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/2002

CR2E037 (9/01)



Tri-County Human Services, Inc.

Administrative Offices

attachment#
737117

810657

January 9, 2002

Florida Department of State
Department of Corporations
Document # 737117

Continuation to question #11.

D Addition

Kelley, Dorothy
2250 S. R. 17
Avon Park, FL 33825

D Addition

Jones, Shirley
6116 Oakview Drive
Lakeland, FL 33811

M Addition

Rihn, Robert
4683 E. C. R. 540A
Lakeland, FL 33813-4407

M Addition

Venezia, Arlene
4683 E. C. R. 540A
Lakeland, FL 33813-4407

