

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0079423

**DOCUMENT # 741421**

1. Entity Name

**HUMAN DEVELOPMENT CENTER, INC.**

04-01-2002 90047 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3809 N. TAMPA STREET  
TAMPA FL 33603  
US**

**3809 N. TAMPA STREET  
TAMPA FL 33603  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**5904 N. Armenia Avenue**

**Suite A**

**Tampa FL**

**33603**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1825942**

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

**BELL, JAMES  
3809 N. TAMPA STREET  
TAMPA FL 33603**

Name **James Bell**

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

**5904 N. Armenia Avenue**

**Suite A**

City **Tampa**

**FL**

Zip Code

**33603**

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 **PT** ☐ Delete  
NAME **NEWMAN, K C**  
STREET ADDRESS **3001 SAMARA DR**  
CITY-ST-ZIP **TAMPA FL 33618**  
**PRESIDENT**  
**T**

TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition  
NAME **PET SCHOW, BOB**  
STREET ADDRESS **401 79TH AVE NE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**  
**T**

TITLE **PP** ☐ Delete  
NAME **GREEN, LENA Y**  
STREET ADDRESS **3406 N AVALON AVE**  
CITY-ST-ZIP **TAMPA FL 33609-5909**  
**SECRETARY**  
**T**

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

TITLE **T** ☐ Delete  
NAME **WATKINS, CARL**  
STREET ADDRESS **7345 JACKSON SPRINGS**  
CITY-ST-ZIP **TAMPA FL 33634**  
**T**

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

TITLE **P** ☒ Delete  
NAME **BRUSCHI, DONNA**  
STREET ADDRESS **3203 JUANITA RD**  
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **PED** ☐ Delete  
NAME **WILLIAMS, REBECCA**  
STREET ADDRESS **3424 W SAINT CONARD ST**  
CITY-ST-ZIP **TAMPA FL 33607**  
**PAST-PRESIDENT**  
**T**

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

TITLE **SD** ☒ Delete  
NAME **DEMOTT, BEVERLY**  
STREET ADDRESS **633 S RIVERHILLS DR**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

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:

SIGNATURE REQUIRED James Bell

**813-872-6250**

Date

Daytime Phone #

CR2E037 (9/01)