

2000 UNIFORM BUSINESS REPORT (UBR)

0009666

DOCUMENT # **743391**

1. Entity Name

CHARLOTTE J. HENDERSON SENIOR CITIZENS INCORPORA

Principal Place of Business

Mailing Address

**407 S. MAIN ST.
HAVANA FL 32333**

**407 S. MAIN ST.
HAVANA FL 32333-2134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0285460

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HENDERSON, CHARLOTTE
407 S MAIN ST
HAVANA FL 32333**

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

Charlotte Henderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-2000

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 **PD**
STREET ADDRESS **HENDERSON, CHARLOTTE J**
CITY-ST-ZIP **407 S. MAIN ST
HAVANA FL 32333**

TITLE ☐ Change ☐ Addition
NAME **200003128272--4**
STREET ADDRESS **-02/08/00--01124--005**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BROWN, WILLIE LEE**
CITY-ST-ZIP **328 SE FOURTH ST
HAVANA FL**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CHANDLER, MARY J.**
CITY-ST-ZIP **P.O. BOX 130 N/A
HAVANA FL**

TITLE ☒ Change ☒ Addition
NAME **ABBIE GRIFFIN**
STREET ADDRESS **306 S.E. 1st St,**
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HOLTON, W.D.**
CITY-ST-ZIP **RR 4, BOX 6660
HAVANA FL 32333**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, MARTHA J**
CITY-ST-ZIP **601 S MAIN ST
HAVANA FL 32333**

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

TITLE ☐ Delete
NAME **SD BUTLER**
STREET ADDRESS **BULTER, ERNESTINE**
CITY-ST-ZIP **P.O. BOX 903 N/A
HAVANA FL 32333**

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

Charlotte Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000

Date

Daytime Phone #

CR2E037 (9/99)

KE