

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746456

1. Entity Name

HAYES GROUP HOME, INC.

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90004 016 ****70.00

Principal Place of Business

HAYES GROUP HOME, INC.
1209 W. 10TH STREET
RIVIERA BEACH FL 33404
US

Mailing Address

1209 W. 10TH STREET
RIVIERA BEACH FL 33404-6616
US

2. Principal Place of Business

Hayes Group Home
Suite, Apt. #, etc.

3. Mailing Address

1209 W. 10th St.
Suite, Apt. #, etc.

City & State

Riviera Beach Fl.

City & State

Zip

Country

33404

Fla

Zip

Country

4. FEI Number

59-1981712

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYER, RUBY L.S.
1209 W. 10TH STREET
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name *Hayes Group Home Inc.*

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

1209 W. 10th St

City

Riviera Beach

FL.

Zip Code

33404

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

After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HAYES, RUBY LEE 1209 W. 10TH ST. RIVIERA BEACH FL	<input checked="" type="checkbox"/> Delete <i>S/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, ANNIE L PETERS 212 LAREN DRIVE W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete <i>S/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A DORSEY, MOLLIE 1650 W. 12TH COURT RIVIERA BEACH FL	<input checked="" type="checkbox"/> Delete <i>S/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, LULA M. 620 W. 36TH STREET RIVIERA BEACH FL	<input checked="" type="checkbox"/> Delete <i>S/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/A</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Ruby L. Hayes P.M.

CR2E037 (5/01)