

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

01-21-2003 90085 016 ****61.25

DOCUMENT # 756286

1. Entity Name

THE HELPING HANDS CLUB INCORPORATED



Principal Place of Business

Mailing Address

% EDWARD L. WOODS, SR.
3821 10TH AVENUE SOUTH
ST. PETERSBURG FL 33711
US

% EDWARD L. WOODS, SR.
3821 10TH AVENUE SOUTH
ST. PETERSBURG FL 33711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

WOODS, EDWARD L SR.
% EDWARD L WOODS, SR.
3821 10TH AVENUE SOUTH
ST. PETERSBURG FL 33711

Name **ROBINSON, ANDREW**

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

2563 10th AV. SO.

City **ST. PETERSBURG**

FL

Zip Code **33712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrew Robinson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	WOODS, EDWARD L SR.	
STREET ADDRESS	3821 10TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, ANDREW	
STREET ADDRESS	2563 10TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEWIS, JIMMIE	
STREET ADDRESS	3090 15TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	MD	<input type="checkbox"/> Delete
NAME	POWELL, LUCUIS	
STREET ADDRESS	1310 46TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	M	<input type="checkbox"/> Delete
NAME	SHAW, MARGARIE	
STREET ADDRESS	IMLAY COURT SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANDREW	
STREET ADDRESS	2563 10th AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JIMMIE	
STREET ADDRESS	3090 15th AV. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, LUCUIS	
STREET ADDRESS	1310 46th AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, MARGARIE	
STREET ADDRESS	IMLAY COURT SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/02)