

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762134

1. Entity Name

HELP CENTER, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90045 028 ****61.25

Principal Place of Business

Mailing Address

743 W. ASHLEY STREET
JACKSONVILLE FL 32202

743 W. ASHLEY STREET
JACKSONVILLE FL 32206-3565

2. Principal Place of Business

511 WEST 11TH STREET

3. Mailing Address

511 WEST 11TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

4. FEI Number

59-2233316

Applied For

Not Applicable

Zip
32206

Country
DUVAL

Zip
32206

Country
DUVAL

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

FIGGINS, MICHAEL
JACKSONVILLE AREA LEGAL AID
604 N. HOGAN STREET
JACKSONVILLE FL 32202

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)

Jan 3, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
COLEMAN, CLIFTON U
12542 MISSION HILLS DR.
JACKSONVILLE FL 32225 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLAGG, EUGENE
4271 MCDANIEL DRIVE
JACKSONVILLE FL 32209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SPATES, JEROME
4227 LANNIE ROAD
JACKSONVILLE FL 32218 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 3, 2000

Date

Daytime Phone #

CR2E037 (9/99)