

1/18/01-9

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-18-2001 90012 043 ****61.25

DOCUMENT # N00000000340

1. Entity Name

HELP THROUGH LOVE FOUNDATION, INC.

Principal Place of Business

536 GENERAL HARRIS STREET
LONGBOAT KEY FL 34228

Mailing Address

536 GENERAL HARRIS STREET
LONGBOAT KEY FL 34228

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0988212

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

FELDMAN, MARC H
3908 28TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Street Address

**ROSS TOUSSAINT
536 GENERAL HARRIS ST**

City

LONGBOAT KEY, FL 34228

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)

1/5/01
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**

TITLE	D	<input type="checkbox"/> Delete
NAME	TOUSSAINT, ROSS E	
STREET ADDRESS	536 GENERAL HARRIS STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOUSSAINT, MICHELE	
STREET ADDRESS	536 GENERAL HARRIS STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOUSSAINT, THERESA	
STREET ADDRESS	108 HALL AVENUE	
CITY-ST-ZIP	MERIDEN CT 06450	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 **(941) 383-0202**
 Date Daytime Phone #

CR2E037 (10/00)