

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90136 023 ****61.25

DOCUMENT # N00000005871

1. Entity Name

UNITED FOUNDATION FOR HUMANITY, INC.

Principal Place of Business

**5224 N OCEANSHORE BLVD
 PALM COAST FL 32137**

Mailing Address

**5224 N OCEANSHORE BLVD
 PALM COAST FL 32137**

2. Principal Place of Business

500 N. A1A

3. Mailing Address

P.O. BOX 532

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 6

City & State

FLAGLER BEACH, FL

City & State

FLAGLER BEACH FL

Zip

Country

32136

FLAGLER

Zip

Country

32136

FLAGLER

4. FEI Number

59-3711048

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

**SCOTT, JAMES A
 4440 N OCEANSHORE BLVD SUITE 109
 PALM COAST FL 32137**

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)

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 **EDWIN HYNES**
 CITY-ST-ZIP **36 SHADY LN S.
 PALM COAST FL 32137**

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **DOROTHY HYNES**
 CITY-ST-ZIP **36 SHADY LN S.
 PALM COAST, FL. 32137**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MARTHA BLUMENAUER**
 CITY-ST-ZIP **500 N. A1A
 FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SHERRY GUNTHER**
 CITY-ST-ZIP **500 N A1A
 FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

REQUIRED

EDWIN HYNES 4/30/01 386-503-5031

CR2E037 (10/00)