

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008480

1. Entity Name

CONCORD ROAD HUMAN SERVICES, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90036 007 *****70.00

0061790

Principal Place of Business

Mailing Address

1867 CONCORD RD.
HAVANA FL 32333

1867 CONCORD RD.
HAVANA FL 32333

2. Principal Place of Business

HAVANA FLORIDA

3. Mailing Address

1867 CONCORD RD. HAVANA FL 32333

Suite, Apt. #, etc.

1867 CONCORD ROAD

Suite, Apt. #, etc.

City & State

HAVANA FLORIDA

City & State

HAVANA FLORIDA

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

6. Name and Address of Current Registered Agent

WESTER, WILLIAM C
1867 CONCORD RD.
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name

Same as before

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

William C. Wester

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-02

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 ☐ Delete
NAME WESTER, WILLIAM C
STREET ADDRESS 1867 CONCORD RD.
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME WESTER, LEROY SR
STREET ADDRESS 1502 COLEMAN ST.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME PEASE, WILLIE
STREET ADDRESS RT. 2 BOX 529-F
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

William C. Wester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

850
539-0814

Daytime Phone #

CR2F037 (9/01)