

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002208

FILED  
Jan 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** HELPING HANDS EQUIPMENT LENDING LIBRARY FOR CHILDREN, INC.

## Current Principal Place of Business:

4435 OLD COLONY ROAD  
MULBERRY, FL 33860

## New Principal Place of Business:

1021 LAKELAND HILLSBLVD.  
LAKALAND, FL 33805

## Current Mailing Address:

4435 OLD COLONY ROAD  
MULBERRY, FL 33860

## New Mailing Address:

1021 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

FEI Number: 59-3715573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FRANKLIN, JAMES R  
825 EAST MAIN STREET  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

BARTH, EDWARD R  
3825 HENDERSON BLVD.  
SUITE 601  
TAMPA, FL 33629 US

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: EDWARD R. BARTH

01/29/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CLAYDON, SHERRI  
Address: 4435 OLD COLONY ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: COFFELT, RICHARD SR  
Address: 4435 OLD COLONY ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: VAN BAALEN, RICHARD  
Address: 4435 OLD COLONY ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: GALBICKA, KATHY  
Address: 4435 OLD COLONY ROAD  
City-St-Zip: MULBERRY, FL 33860

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLAYDON, SHERRI  
Address: 1021 HIGHLAND HILLS BLVD.  
City-St-Zip: LAKALAND, FL 33805

Title: D (X) Change ( ) Addition  
Name: BARTH, EDWARD R  
Address: 3825 HENDERSON BLVD. SUITE 601  
City-St-Zip: TAMPA, FL 33629

Title: D (X) Change ( ) Addition  
Name: VAN BAALEN, RICHARD  
Address: 1021 HIGHLAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Change ( ) Addition  
Name: GALBICKA, KATHY  
Address: 1021 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI CLAYDON

D

01/29/2002

Electronic Signature of Signing Officer or Director

Date