

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90198 038 *****70.00

DOCUMENT # N01000002208

1. Entity Name

HELPING HANDS EQUIPMENT LENDING LIBRARY FOR CHILDREN, INC.



Principal Place of Business

**1021 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Mailing Address

**1021 LAKELAND HILLS BLVD
LAKELAND FL 33805**

2. Principal Place of Business

3. Mailing Address

4158 Button Bush Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL

Zip

Country

Zip

Country

33811

USA

4. FEI Number **59-3715573**

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

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

Name
BLANDINO-GAUNT, MARIA
Street Address (P.O. Box Number is Not Acceptable)
**3825 HENDERSON BLVD
SUITE 601**
City
TAMPA FL Zip Code
33629

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] **Treasurer (Maria Blandino-Gaunt)** **3-27-03**

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **CLAYDON, SHERRI**
STREET ADDRESS **1021 HIGHLAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **P** ☐ Change ☒ Addition
NAME **HICIANO, BLANCA**
STREET ADDRESS **4158 BUTTON BUSH CIRCLE**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **D** ☒ Delete
NAME **BARTH, EDWARD R**
STREET ADDRESS **3825 HENDERSON BLVD. SUITE 601**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **T** ☐ Change ☒ Addition
NAME **BLANDINO-GAUNT, MARIA**
STREET ADDRESS **3825 HENDERSON BLVD. SUITE 601**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete
NAME **VAN BAALEN, RICHARD**
STREET ADDRESS **1021 HIGHLAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Change ☒ Addition
NAME **PARCHMENT, ALFREDA**
STREET ADDRESS **1021 HIGHLAND HILLS BLVD**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☒ Delete
NAME **GALBICKA, KATHY**
STREET ADDRESS **1021 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL 33805**

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: *[Signature]* **Maria Blandino-Gaunt Treasurer 3-27-03 (813) 356-1632**

CR2E037 (10/02)