

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90846 024 \*\*\*\*61.25

**DOCUMENT # N01000006538**

**1. Entity Name**  
**HUMAN SERVICES ASSOCIATES FOUNDATION, INC.**



**Principal Place of Business**

**1703 W. COLONIAL DR.  
ORLANDO FL 32804**

**Mailing Address**

**1703 W. COLONIAL DR.  
ORLANDO FL 32804**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3746696**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FRANCISCO, FRANK B  
1703 W. COLONIAL DR.  
ORLANDO FL 32804**

**7. Name and Address of New Registered Agent**

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

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARRY, NEAL</b>	
STREET ADDRESS	<b>2039 N. MERIDIAN RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEHNKE, JOE</b>	
STREET ADDRESS	<b>14036 MARINE DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32832</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, TERRI</b>	
STREET ADDRESS	<b>926 N. MILLS AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCISCO, FRANK</b>	
STREET ADDRESS	<b>9519 TOWER PINE DR.</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LARRINAGA, JOE</b>	
STREET ADDRESS	<b>5501 HARBORSIDE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:**

**FRANK B. FRANCISCO** 1/29/03 407 422-0880

CR2E037 (10/02)