

4/11

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

04-10-2002 90728 001 ***300.00

DOCUMENT # N01000006894

1. Entity Name

GYR/HOME FOR HIV KIDS, INC. ✓

Principal Place of Business

Mailing Address

175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362

39265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3850951

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECTER, RANDAL L ESQ
175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Esta Ellis-Mosher 2800 N. Atlantic Avenue, #409 Daytona Beach, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Esta Ellis-Mosher 2800 N. Atlantic Ave., #409 Daytona Beach, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Olady's Novicke 15 Sunrise Avenue Ormond Beach, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda Turner 2014 Bobo Road Dallas, GA 30132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Esta Ellis-Mosher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02 (386)672-1940

Date

Daytime Phone #

CR2037 (9/01)



Attachment
39265

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 20, 2002

GYR/HOME FOR HIV KIDS, INC.
175 W. GRANADA BLVD., STE. 201
ORMOND BEACH, FL 32174-6362

Subject: **GYR/HOME FOR HIV KIDS, INC.**

Reference Number: **N01000006894**

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$300.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM

ANNUAL REPORTS SECTION

Attachment

39265

Randal L. Schecter, P.A.

Attorney At Law

175 W. Granada Blvd.

Suite 201

Ormond Beach, FL 32174-6362

Randal L. Schecter

www.rlschecter.com
rlschecter@cfl.rr.com

Telephone: (386) 672-2550

FAX: (386) 672-5070

Nursing Consultant:
Jenny Schecter, RN, BSN, ETN

July 18, 2002

Attention: Annual Reports Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ref. No.: N01000006894
Subject: GYR/Home for HIV Kids, Inc.

Dear Sir/Madam:

Pursuant to your request in your letter dated April 20, 2002, we have corrected the Uniform Business Report for the above-referenced non-profit corporation to reflect three (3) directors. As acknowledged in your letter, the filing fee was previously paid for this corporation.

Please contact me should you have any questions or comments.

Sincerely,

RANDAL L. SCHECTER, P.A.

By 
Randal L. Schecter, Esquire

RLS/db

Enclosures