

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90069 040 ****61.25

DOCUMENT # N05178

1. Entity Name

HUMAN SERVICES NETWORK, INC.

Principal Place of Business

Mailing Address

4110 N. STATE ROAD #7
 LAUDERDALE LAKES FL 33319-4827

4110 N. STATE ROAD #7
 LAUDERDALE LAKES FL 33319

2. Principal Place of Business

5950 W. Oakland Park Blvd.

3. Mailing Address

5950 W. Oakland Park Blvd.

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

Lauderhill, FL

City & State

Lauderhill, FL

4. FEI Number

59-2450043

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PUDWELL, JOHN
 2540 N.W. 80TH AVE.
 MARGATE FL 33063

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | STROLLER, ERIC M | |
| STREET ADDRESS | 2521 BAY POINTE COURT | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LONG, TOM | |
| STREET ADDRESS | FIRST UNION BANK, 200 EAST BROWARD BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BAILEY, PATRICK | |
| STREET ADDRESS | 2460 NORTH STATE ROAD 7 | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MIGLIORE, DON | |
| STREET ADDRESS | 114 LAKE EMERALD DRIVE #202 | |
| CITY-ST-ZIP | OAKLAND PARK FL 33309 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CALABRIA, RICHARD A | |
| STREET ADDRESS | 9950 NW 29TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | PUDWELL, JOHN | |
| STREET ADDRESS | 2450 NW 80TH AVENUE | |
| CITY-ST-ZIP | MARGATE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Collen M. Stiger | |
| STREET ADDRESS | 1200 N. Federal Hwy | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Donna Austin | |
| STREET ADDRESS | 12095 NW 19th Street | |
| CITY-ST-ZIP | Plantation, FL 33323 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diann Geronemus | |
| STREET ADDRESS | 833 NW 81st Way | |
| CITY-ST-ZIP | Plantation, FL 33324 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nathan Goren | |
| STREET ADDRESS | 303 SE 17th Street | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33316 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Andrea Lubell | |
| STREET ADDRESS | 930 Jefferson Street | |
| CITY-ST-ZIP | Hollywood, FL 33019 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Barbara Miller | |
| STREET ADDRESS | 1773 N. State Rd. 7 | |
| CITY-ST-ZIP | Lauderhill, FL 33313 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. ... **REQUIRED**

4/13/2000

954-731-8770

Uniform Business Report
Human Services Network, Inc.
Document #N05178

attach.
C0065401
#N05178

11. Continuation

D
Dr. Harold Sacks
4800 W. Copans Road
Cocnut Creek, FL 33063

D
Helen Searing
114 Lake Emerald Drive #106
Oakland Park, FL 33309