

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09162

1. Entity Name

HELP OF FORT MEADE, INC.

FILED

Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90029 037 ****61.25

Principal Place of Business

121 W. BROADWAY
FORT MEADE FL 33841

Mailing Address

121 W. BROADWAY
FORT MEADE FL 33841

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2993886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNELIUS, P. E.
508 S. CHARLESTON
FORT MEADE FL 33844

7. Name and Address of New Registered Agent

Name

Barbara A. Frier

Street Address (P.O. Box Number is Not Acceptable)

121 W. Broadway Street

City

Fort Meade

FL

Zip Code

33841

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 Executive Director

Signature, typed or printed name of registered agent and title if applicable.

Barbara A. Frier

(NOTE: Registered Agent signature required when reinstating)

01/02/01

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	P	☐ Delete
NAME	CORNELIUS, P C	
STREET ADDRESS	508 S CHARLESTON	
CITY-ST-ZIP	FT MEADE FL	
TITLE	S	☐ Delete
NAME	JONES, MARY	
STREET ADDRESS	100 SE 6TH ST	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	T	☐ Delete
NAME	STRESHLEY, FITZHUGH	
STREET ADDRESS	8 N CHARLESTON	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	☐ Delete
NAME	BELL, MELONY	
STREET ADDRESS	412 N LANIER AVE	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	☐ Delete
NAME	LIGHTFOOT, MIKE REV	
STREET ADDRESS	PO BOX 903	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	ED	☐ Delete
NAME	FRIER, BARBARA A	
STREET ADDRESS	3204 BIG VALLEY DR	
CITY-ST-ZIP	LAKELAND FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	Connelius, P. C.	
STREET ADDRESS	508 S. Charleston	
CITY-ST-ZIP	Fort Meade, FL	
TITLE	VP	☐ Change ☒ Addition
NAME	Dennis Guenther	
STREET ADDRESS	10 SW 3rd Street	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Barbara A. Frier, Executive Director

01/02/01

863-285-6600

Date

Daytime Phone #

CR2E037 (10/00)