

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14992

1. Entity Name

HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC.

Principal Place of Business

3568 US 27 SO.
SEBRING FL 33870

Mailing Address

3568 US 27 SO.
SEBRING FL 33870

2. Principal Place of Business

1214 LAKEWOOD AVE
Suite, Apt. #, etc.
SEBRING FL
City & State

3. Mailing Address

P.O. Box 7082
Suite, Apt. #, etc.
SEBRING FL
City & State

Zip
33875

Country
USA

Zip
33872

Country
USA

4. FEI Number 59-2810368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIERETTI, DEANNA
1214 LAKEWOOD AVE
SEBRING FL 33875

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO PIERETTI, DEANNA 1214 LAKEWOOD AVE SEBRING FL 33875	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLOWAY, ANNE 1507 WILSON DR SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, AMY 1309 OAKWOOD DR SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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 Deanna Pieretti DATE 1-28-02 SIGNATURE TEQUILA DATE 863-3856415

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90001 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)