

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90244 041 ****70.00

DOCUMENT # N23681

1. Entity Name

HUMAN CRISIS COUNCIL, INC.

Principal Place of Business

Mailing Address

5514 EDGEWATER
 ORLANDO FL 32810
 US

5514 EDGEWATER
 ORLANDO FL 32810-5271
 US

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2891786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETZOLD, LEW
7122 BETTY ST
WINTER PARK FL 32792

Name **Petzold, LEW**
 Street Address (P.O. Box Number is Not Acceptable)
5514 Edgewater Drive
 City **Orlando** FL Zip Code **32810**

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

Lew Petzold

01/12/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PETZOLD, LEW	5514 EDGEWATER DR	ORLANDO FL	<input type="checkbox"/>
D	MANNING, ROY	5514 EDGEWATER DR	ORLANDO FL 32810	<input checked="" type="checkbox"/>
SD	MILLER, T. JOLENE	5514 EDGEWATER DR.	ORLANDO FL	<input checked="" type="checkbox"/>
D	PETZOLD, POLLY A	5514 EDGEWATER DR	ORLANDO FL	<input type="checkbox"/>
D	GIDEON, SCOTT	5514 EDGEWATER DR, APT D	ORLANDO FL 32810	<input type="checkbox"/>
D	WARD, WILLIAM J	4430 NORTH LANE	ORLANDO FL 32808	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Dorothy Petzold	7122 BETTY ST.	WINTER PARK, FL. 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Raymond Bassett	2024 Anderson Place	Orlando, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SAM ROPER	5514 Edgewater Drive	Orlando, FL 32810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

01/12/00 **407-294-4**

Date

Daytime Phone #

CR2E037 (9/99)