

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90129 029 ****61.25

0034873

DOCUMENT # N25193

1. Entity Name

THE HUMANITARIAN SOCIETY, INC.

Principal Place of Business

Mailing Address

~~1000 SPANISH RIVER RD~~
~~2N~~
~~BOCA RATON FL 33432~~
~~US~~

~~1000 SPANISH RIVER RD~~
~~2N~~
~~BOCA RATON FL 33432~~
~~US~~

2. Principal Place of Business

6811 Villas Drive

Suite, Apt. #, etc.

3. Mailing Address

6811 Villas Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number
65-0055196

Applied For
☐ Not Applicable

Zip Country
33433 Palm Beach

Zip Country
33433 Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSES, WAYNE T

~~1000 SPANISH RIVER RD~~

~~2N~~

~~BOCA RATON FL 33432~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
6811 Villas Drive

City Zip Code
Boca Raton FL 33433

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 Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME **MOSES, WAYNE T.**
 STREET ADDRESS ~~1000 SPANISH RIVER ROAD~~
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6811 Villas Drive**
 CITY-ST-ZIP **Boca Paton, FL 33433**

TITLE VD ☐ Delete
 NAME **LABADINI, LOUIS J.**
 STREET ADDRESS ~~1000 SPANISH RIVER ROAD~~
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6811 Villas Drive**
 CITY-ST-ZIP **Boca-Raton, FL 33433**

TITLE VD ☐ Delete
 NAME **CAMPAGNONE, JANET**
 STREET ADDRESS **1515 N. FEDERAL #300**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME **LIPMAN, YVONNE C.**
 STREET ADDRESS **6061 BALBOA CIRCLE, APT. 103**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME **CIMINO, ROBERT S.**
 STREET ADDRESS **315 S.E. MIZNER BLVD. #212**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2002

Date

Daytime Phone #

CR2E037 (9/01)