

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31691

1. Entity Name

HELP THE HANDICAPPED, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90131 005 ****70.00

Principal Place of Business
P.O. BOX #1114
LAKELAND FL 33802-1114

Mailing Address
P.O. BOX #1114
LAKELAND FL 33802-1114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2945631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOEDICKER, GEORGE ROBERT
3777 COUNTRY LANE
LAKELAND FL 33809

Name **BOEDICKER, GEORGE ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
4747 ST. RT. 33 No. #123

City **LAKELAND**

FL

Zip Code **33805**

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 **GEORGE R. BOEDICKER**

[Signature]

APRIL 07 2000

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	<input type="checkbox"/> Delete
NAME	BOEDICKER, GEORGE ROBERT	
STREET ADDRESS	P.O. BOX 1114 N/A	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLOUD, LORENZO	
STREET ADDRESS	P.O. BOX 482 N/A	
CITY-ST-ZIP	BARTOW, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOEDICKER, CHERYL	
STREET ADDRESS	3777 COUNTRY LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEDICKER, CHERYL	
STREET ADDRESS	4747 ST. RT 33 No. #123	
CITY-ST-ZIP	LAKELAND, FLA 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **GEORGE ROBERT BOEDICKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17 2000

Date

863-683-1764

Daytime Phone #

CR2E037 (9/99)