

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90328 016 \*\*\*\*70.00

0065334

**DOCUMENT # N31691**

1. Entity Name

**HELP THE HANDICAPPED, INC.**

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

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 **59-2945631**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BOEDICKER, GEORGE ROBERT**  
**4747 STREET ROUTE 33 #123**  
**LAKELAND FL 33805**

7. Name and Address of New Registered Agent

Name **BOEDICKER, GEORGE ROBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3980 LAKE NEO CIRCLE**  
 City **WINTER HAVEN** FL Zip Code **33884**

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

TITLE **PD** ☐ Delete  
 NAME **BOEDICKER, GEORGE ROBERT**  
 STREET ADDRESS **P.O. BOX 1114 N/A**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☐ Delete  
 NAME **MCCLOUD, LORENZO**  
 STREET ADDRESS **P.O. BOX 482 N/A**  
 CITY-ST-ZIP **BARTOW, FL**

TITLE **SD** ☒ Delete  
 NAME **BOEDICKER, CHERYL**  
 STREET ADDRESS **4747 STREET ROUTE 33 #123**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
 NAME **SD LAWRENCE ANDREW**  
 STREET ADDRESS **1910 HAMILTON STREET E.**  
 CITY-ST-ZIP **BARTOW, FLA 33830**

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:

**GEORGE R BOEDICKER** 4/19/2001 863-683-1764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)