

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2001 8:00 am
Secretary of State

0059220

05-14-2001 90108 050 ****61.25

DOCUMENT # N34792

1. Entity Name

CIRCLE OF HANDS LIVING CENTER, INC.

Principal Place of Business

Mailing Address

**704 E. 120TH AVE.
TAMPA FL 33612****704 E. 120TH AVE.
TAMPA FL 33612****C0064101**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3001820

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

**MCCULLOCH, SUSAN
704 E. 120TH AVE.
TAMPA FL 33612**

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

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	Change	Addition
PD	MCCULLOCH, SUSAN	701 E. 120TH AVE.	TAMPA FL 33612	<input type="checkbox"/>	<input type="checkbox"/>
TD	STUCK, BARBARA	6531 PINE WALK DR	NPR FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
VPD	LANE, J	4110 MARQUERITE ST	TAMPA FL 33603	<input type="checkbox"/>	<input type="checkbox"/>
SD	WERNER, KATHERINE	4704 BAY VIEW AVE.	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	CHINNIS, J	6620 QUONOST ROAD	SARASOTA FL 34243	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Chinnis, Jeanne	6620 Quonset Rd.	Bradenton, FL 34203	<input checked="" 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: *Barbara Stuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

727-376-4492

Daytime Phone #

CR2E037 (10/00)