

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36104

1. Entity Name

FLORIDA COALITION FOR THE HOMELESS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90206 001 \*\*\*\*61.25

Principal Place of Business	Mailing Address
<del>100 BLUM HELAINE</del> <del>100 EAST ROBINSON STREET</del> <del>ORLANDO FL 32801</del> US	<del>X102801XFLXIBEX</del> <del>X100 EAST ROBINSON STREET</del> <del>ORLANDO FL 32801</del> US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1510 E. Colonial Dr.	1510 E. Colonial Dr.
Suite, Apt. #, etc. 100-W	Suite, Apt. #, etc. 100-W

City & State	City & State	4. FEI Number	Applied For
Orlando, FL	Orlando, FL	59-2981086	Not Applicable
Zip	Country	Zip	Country
32803	U.S.A.	32803	U.S.A.

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	
BLUM, HELAINE 100 EAST ROBINSON STREET ORLANDO FL 32801	

7. Name and Address of New Registered Agent	
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	BLUM, HELAINE
STREET ADDRESS	100 E ROBINSON
CITY-ST-ZIP	ORLANDO FL
TITLE	DS <input type="checkbox"/> Delete
NAME	ROGERS, BOB
STREET ADDRESS	16 W. MAIN ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD <input type="checkbox"/> Delete
NAME	SEPIELLI, DIANNE
STREET ADDRESS	600 SE 3RD AVE, 7TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	TD <input type="checkbox"/> Delete
NAME	FLAVELLE, JEAN
STREET ADDRESS	639 WEST CENTRAL BLVD.
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DUHIG, JOHN
STREET ADDRESS	1701 S TUTTLE AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> Delete
NAME	JUNGE, BARBARA
STREET ADDRESS	301 SUNRISE DR
CITY-ST-ZIP	KEY BISCAYNE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	Worrail, Jean
STREET ADDRESS	2929 Ashton Terrace
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Geltner, Meg
STREET ADDRESS	2400 Edison Ave
CITY-ST-ZIP	Ft Myers, FL 33901
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: Helaine M. Blum 4/26/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)