

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 48738**

1. Entity Name

SSOSS OUTREACH, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91798 001 ****61.25
05-18-2001 91798 002 *****8.75

Principal Place of Business

Mailing Address

P.O. Box 5236

P.O. Box 5236

Vero Beach, FL 32961

Vero Beach, FL 32961-5236

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0308232

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Stimple - Haskell, Sue Anna
975 Royal Palm Blvd
Vero Beach, FL 32960

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **Stimple-Haskell, Sue Anna**
STREET ADDRESS **975 Royal Palm Blvd**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **DVP** ☐ Delete
NAME **HASKELL, Roger L.**
STREET ADDRESS **975 Royal Palm Blvd.**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **Stimple, Bradley T.** ☐ Delete
NAME **1365 N. Hoyne**
STREET ADDRESS **Chicago, IL 60622**

TITLE **D Kilpatrick, Rachelle A** ☐ Delete
NAME **4900 13th Lane**
STREET ADDRESS **Vero Beach, FL 32961**

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 **HASKELL Roger L.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

4/25/01 **561-562-**

Date

Daytime Phone #

8807

CR2E037 (11/00)