

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49185

1. Entity Name

JOINING HANDS INC. OF FLORIDA

Principal Place of Business

5010 EL DESTINO DR.  
LEESBURG FL 34748

Mailing Address

PO BOX 493055  
LEESBURG FL 34749-3055

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

59-3203865

Applied For

Not Applicable

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

LIGHTNER, BARBARA  
5010 EL DESTINO DR.  
LEESBURG FL 34748

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

*Barbara Lightner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan 10, 2000*

DATE

FILE NOW:  
FEE IS \$61.25

*61.25  
875  
\$70.00*

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 D ☐ Delete  
NAME LIGHTNER BARBARA A  
STREET ADDRESS 5010 EL DESTINO DR.  
CITY-ST-ZIP LEESBURG FL

TITLE P ☐ Delete  
NAME GREYLOCK, MARY  
STREET ADDRESS 33208 SAND DUNE LANE  
CITY-ST-ZIP LEESBURG FL 34788

TITLE VP ☐ Delete  
NAME LOZEAU, PAUL A  
STREET ADDRESS 1351 DEKLE DR  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete  
NAME LIGHTNER, MELVIN P  
STREET ADDRESS 5010 EL DESTINO DR  
CITY-ST-ZIP LEESBURG FL 34748

TITLE S ☐ Delete  
NAME LOZEAU, HARRIET  
STREET ADDRESS 1351 PEKLE DR  
CITY-ST-ZIP LEESBURG FL 34748

TITLE TVP ☐ Delete  
NAME HOEY, TINA  
STREET ADDRESS 18486 SE 52ND ST  
CITY-ST-ZIP OOKLAHAWA FL 32179

TITLE D ☐ Change ☐ Addition  
NAME Edie Lee  
STREET ADDRESS 2220 SE 172 Terr.  
CITY-ST-ZIP Silver Springs FL 34488

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

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:

*Barbara Lightner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Director*

Date

Daytime Phone #

CR2E037 (9/99)