

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000426

1. Entity Name

SEMINOLE COUNTY HEALTHY START COALITION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90483 038 ****61.25

Principal Place of Business

Mailing Address

1155 S. SEMORAN BLVD.
SUITE 1111
WINTER PARK FL 32792-505
US

1155 S. SEMORAN BLVD.
SUITE 1111
WINTER PARK FL 32792-5505
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

237 Fernwood Blvd.

237 Fernwood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Fern Park, FL

Fern Park, FL

Zip

Country

Zip

Country

32730

Seminole

32730

Seminole

4. FEI Number

59-3178724

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

WINDHAM, STEVE
1155 S. SEMORAN BLVD.
STE 1111
WINTER PARK FL 32792

Name

Lindy N. Snyder

Street Address (P.O. Box Number is Not Acceptable)

237 Fernwood Blvd., Suite 101

City

~~Winter Park~~
Fern Park

FL

Zip Code

32730

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

Lindy N. Snyder

Lindy N. Snyder, Executive Director 3/30/00

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	D	<input type="checkbox"/> Delete
NAME	DEJU, JORGE	
STREET ADDRESS	617 NIGHTHAWK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAVELO, JUAN	
STREET ADDRESS	1403 MEDICAL PLAZA DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDLEY, DAVID	
STREET ADDRESS	400 W. AIRPORT BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERKO, JIM	
STREET ADDRESS	237 FERNWOOD BLVD.	
CITY-ST-ZIP	FERK PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, HORTENSE D	
STREET ADDRESS	400 E LAKE MARY BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, GLORIA	
STREET ADDRESS	PO BOX 951636 N/A	
CITY-ST-ZIP	LAKE MARY FL	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Preston	
STREET ADDRESS	P.O. Box 617185	
CITY-ST-ZIP	Orlando, FL 32861	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

3/28/00

Date

407-830-7235

Daytime Phone #

CR2E037 19/99