

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90431 002 ***61.25

DOCUMENT # N93000000004

1. Entity Name

Human Services Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Bowman + Bowman

3. Mailing Address

Bowman + Bowman

Suite, Apt., etc.

1705 Colonial Blvd Ste D-1

Suite, Apt., etc.

1705 Colonial Blvd Ste D-1

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-0389474

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name William R. Smith, Esq.

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

8191 College Parkway

Suite 204

City Fort Myers, FL

Zip Code 33919

**DO NOT WRITE
IN THIS SPACE**

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

William R. Smith

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

(NOTE: Registered Agent signature required when renewing)

4/30/02

DATE

FEE IS \$61.25
Initial or Amended UBR

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 P/D
NAME McDonald, Walter
STREET ADDRESS 6553 Highland Pines Circle
CITY-ST-ZIP Ft Myers FL

TITLE S/T/D
NAME Bowman, Larry
STREET ADDRESS 1705 Colonial Blvd, Ste D-1
CITY-ST-ZIP Ft Myers FL

TITLE
NAME WILLIAM R SMITH ESQ
STREET ADDRESS 8191 COLLEGE PKWY
CITY-ST-ZIP FT MYERS, FL 33919

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William R. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

239-437-544

Daytime Phone #

CR2E037B (12/01)