

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90846 025 ****61.25

DOCUMENT # N93000000195

1. Entity Name

HUMAN SERVICES ASSOCIATES, INC.



Principal Place of Business

**1703 W. COLONIAL DR.
ORLANDO FL 32804
US**

Mailing Address

**1703 W. COLONIAL DR.
ORLANDO FL 32804
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 **59-3174674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

70017874



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCISCO, FRANK B
1703 W. COLONIAL DRIVE
ORLANDO FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MCGARRY, NEAL	2039 N MERIDIAN ROAD TALLAHASSEE FL 32303				
	STD	BEHNKE, JOE	14036 MARINE DR. ORLANDO FL 32832				
	CD	CLARK, TERRI	926 N. MILLS AVE. ORLANDO FL 32801				
	PD	FRANCISCO, FRANK	9519 TOWER PINE DR. WINTER GARDEN FL				
	D	LARRINAGA, JOE	5501 HARBORSIDE DRIVE TAMPA FL 33615				

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:

FRANK B. FRANCISCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03 407 422-0880

CR2E037 (10/02)