

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 027 ****70.00

DOCUMENT # N93000002423

1. Entity Name
HEALTH CARE CENTER FOR THE HOMELESS, INC.



Principal Place of Business

**11 N PARRAMORE AVE.
ORLANDO FL 32801
US**

Mailing Address

**11 N PARRAMORE AVE.
ORLANDO FL 32801
US**

2. Principal Place of Business

234 N. Orange Blsm Tr.

3. Mailing Address

234 N. Orange Blsm. Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3185020**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGLONE, PAUL G
11 N PARRAMORE AVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Paul G. McGlone

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

234 N. Orange Blsm. Tr.

City

Orlando

FL

Zip Code

32805

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]

Paul G. McGlone, Executive Dir. 4/21/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PINELL, MICHAEL MD 1414 KUHLE AVENUE ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWYER, THOMAS MDJD 8947 BAY COVE CT. ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUDER, BRUCE J 201 EAST PINE STREET, STE 550 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGLONE, PAUL G 11 N PARRAMORE AVE ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD Sawyer, Thomas MDJD 8947 Bay Cove Ct. Orlando FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TD Bauder, Bruce J 1417 E. Concord St Orlando FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ED McGlone, Paul G 234 N. Orange Blsm Tr Orlando FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Paul G. McGlone 4/21/03 407-428-5751

CR2E037 (10/02)