

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002862

1. Entity Name

MOTHERS HELPING MOTHERS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 036 ****61.25

Principal Place of Business

4511 BRAZILNUT AVENUE
SARASOTA FL 34234
US

Mailing Address

P O BOX 342
SARASOTA FL 34230-0342
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

65-0416462

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

ANDREWS, ANN M
1820 E. LEEWYNN DRIVE
SARASOTA FL 34240

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

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 DS ☐ Delete
NAME WARD, PATRICIA
STREET ADDRESS 2417 ASPINWALL ST.
CITY-ST-ZIP SARASOTA FL

TITLE DP ☐ Change ☒ Addition
NAME BROGAN, MARLENE
STREET ADDRESS 4606 TRAILS DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE DT ☐ Delete
NAME ANDREWS, ANN
STREET ADDRESS 1820 E. LEEWYNN DRIVE
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Change ☒ Addition
NAME BRUDERLE, LOUISE
STREET ADDRESS 984 INDIAN BEACH DR.
CITY-ST-ZIP SARASOTA, FL 34234

TITLE DP ☐ Delete
NAME STOTTEMYER, TERRY
STREET ADDRESS 4511 RIVERWOOD AVENUE
CITY-ST-ZIP SARASOTA FL 34231

TITLE DVP ☒ Change ☐ Addition
NAME STOTTEMYER, TERRY
STREET ADDRESS 65 EAST ROAD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE DVP ☐ Delete
NAME VAN DERVEER, SUE
STREET ADDRESS 4511 BRAZILNUT AVENUE
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☒ Change ☐ Addition
NAME VANDERVEER, SUE
STREET ADDRESS 4511 BRAZILNUT AVE
CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000 941-378-4767
Date Daytime Phone #

CR2E037 (9/99)