

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002862**

1. Entity Name

**MOTHERS HELPING MOTHERS, INC.****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90036 005 \*\*\*\*\*70.00

0075233

Principal Place of Business

**4511 BRAZILNUT AVENUE**  
**SARASOTA FL 34234**  
**US**

Mailing Address

**P O BOX 342**  
**SARASOTA FL 34230-0342**  
**US****00036847**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2239 WASHINGTON Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**SARASOTA, FL**

City &amp; State

Zip

**34237**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

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

**4/10/01****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

TITLE **DS** ☐ Delete  
NAME **WARD, PATRICIA**  
STREET ADDRESS **2417 ASPINWALL ST.**  
CITY-ST-ZIP **SARASOTA FL**TITLE **DT** ☐ Delete  
NAME **ANDREWS, ANN**  
STREET ADDRESS **1820 E. LEEWYNN DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **DVP** ☐ Delete  
NAME **STOTTEMYER, TERRY**  
STREET ADDRESS **65 EAST RD**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **D** ☒ Delete  
NAME **VAN DERVEER, SUE**  
STREET ADDRESS **4511 BRAZILNUT AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34234**TITLE **DP** ☐ Delete  
NAME **BROGAN, MADELINE**  
STREET ADDRESS **4606 TRAILS DR**  
CITY-ST-ZIP **SARASOTA FL 34232**TITLE **D** ☐ Delete  
NAME **BRUDELE, LOUISE**  
STREET ADDRESS **984 INDIAN BEACH DR**  
CITY-ST-ZIP **SARASOTA FL 34234**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**4/10/01**

Date

**941-378-4767**

Daytime Phone #

CR2E037 (10/00)