

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002862

1. Entity Name

MOTHERS HELPING MOTHERS, INC.

FILED

Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90190 008 ****70.00

Principal Place of Business

Mailing Address

2239 WASHINGTON BLVD.
SARASOTA FL 34237
US

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME STOTTLEMYER, TERRY
STREET ADDRESS 65 EAST RD
CITY-ST-ZIP SARASOTA FL 34240

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME BROGAN, MADELINE
STREET ADDRESS 4606 TRAILS DR
CITY-ST-ZIP SARASOTA FL 34232

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BRUDELE, LOUISE
STREET ADDRESS 984 INDIAN BEACH DR
CITY-ST-ZIP SARASOTA FL 34234

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 941-378-4767

Date

Daytime Phone #

CR2E037 (9/01)