

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90028 048 ****61.25

DOCUMENT # N93000004133

1. Entity Name

HOMELESS SERVICES NETWORK OF ORANGE COUNTY, INC.

Principal Place of Business

Mailing Address

988 WOODCOCK RD
 #200
 ORLANDO FL 32803
 US

P.O. BOX 700
 ORLANDO FL 32802-0700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1510 E. COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101W

City & State

City & State

ORLANDO, FL

4. FEI Number

59-3213827

Applied For

Not Applicable

Zip

Country

Zip

Country

32803

U.S.

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

BLUM, HELAINE M
 100 E. ROBINSON STREET
 ORLANDO FL 32801

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	DT	<input type="checkbox"/> Delete
NAME	HELAINE M. BLUM	
STREET ADDRESS	100 E. ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GORDON, MARILYN	
STREET ADDRESS	6400 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, MARILYN	
STREET ADDRESS	11 N PARRAMORE ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	FLAVELLE, JEAN	
STREET ADDRESS	639 W CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARNER, VICKI	
STREET ADDRESS	228 S HUGHEY AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWERY, WILLIAM	
STREET ADDRESS	4027 LENOX BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Helaine M. Blum Helaine M. Blum 1/19/00 (4-7) 844 8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)