

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90210 032 ****61.25

DOCUMENT # N93000004133

1. Entity Name

HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, IN

Principal Place of Business

Mailing Address

1510 E. COLONIAL DR.
 #101 W / 201 - W
 ORLANDO, FL 32803
 US

P.O. Box 1700 1510 E. Colonial Dr
 ORLANDO FL 32802 / 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213827

Applied For

Not Applicable

Zip

Country

Zip

Country

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

5104 N. Orange Blossom Tr.
 Suite 206
 Orlando FL 32810

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

Helaine M. Blum

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 Delete
 NAME **DT HELAINE M. BLUM**
 STREET ADDRESS **100 E. ROBINSON ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **5104 N. Orange Blossom Trail #206**
 CITY-ST-ZIP **Orlando FL 32810**

TITLE Delete
 NAME **DC GORDON, MARILYN**
 STREET ADDRESS **6400 S ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE Change Addition
 NAME
 STREET ADDRESS **7531 S. Orange Blossom Trail**
 CITY-ST-ZIP **Orlando -FL-32809**

TITLE Delete
 NAME **DVC FLAVELLE, JEAN**
 STREET ADDRESS **639 W CENTRAL BLVD**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **Deanne Dawkins**
 CITY-ST-ZIP **599 Bablonica Dr. Orlando FL 32807**

TITLE Delete
 NAME **VD GARNER, VICKI**
 STREET ADDRESS **228 S HUGHEY AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **Vice-Chairperson**
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOWERY, WILLIAM**
 STREET ADDRESS **4027 LENOX BLVD**
 CITY-ST-ZIP **ORLANDO FL 32811**

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:

Helaine M. Blum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
 Date

407/294-0123
 Daytime Phone #

CR2E037 (10/00)