2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1750 17TH ST

3. Mailing Address

Suite, Apt. #, etc.

SARASOTA FL 34234-8690

BLDG M

DOCUMENT # N93000005300

1. Entity Name

1750 17 ST BLDG M.

SARASOTA FL 34234

Suite, Apt. #, etc.

Principal Place of Business

2. Principal Place of Business

THE HUMAN SERVICES PLANNING ASSOCIATION OF SARAS

City & State		City & State		4. FEI Numbe	4. FEI Number 65-0459837		pplied For ot Applicable
Zip	Country	Zip	Country			8.75 Add	<u></u> -
	a and a second of the second o		, ,,		5. Certificate of Status Desired Fee F		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registered Ac	jent	
	•		Name				i
DUTTON, TIMOTHY 1750 17TH STREET BLDG M			Street A	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34234			City		FL	Zip Cod	le
The above named entity submits this statement for the purpose of changing its register							
8. The above	named entity submits this statement for	r the purpose of changing its	registered office of	or registered agent, or both	h, in the state of Florida.		
SIGNATURE .							
SIGNATORE,	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	: Registered Agent signa	iture required when reinstating)	DATE		
				<u> </u>	·		
	FILE NOW:	9. Election Campaign	Financing	\$5.00 May Be	Make Check Pa	avable to	3
FEE IS \$61,25		Trust Fund Contribution.		Added to Fees	Department of	-	
		<u></u>					
10.	OFFICERS AND DIR	RECTORS	11.		ANGES TO OFFICERS AND DIRE	CTORS IN	J 10
TITLE	VCD	☐ Delete	TITLE	CHAIR - I	PC T 400	☐ Chánge	☐ Addition
NAME	LANE, ROBERT J CPA		NAME	LANE ROBER 1858 RINGLING	TOCH		
STREET ADDRESS	1858 RINGLING BLVD		STREET ADDRESS	1858 RINGLING	- BLVD		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	SARASOTA, F			
TITLE	DC	Delete	TITLE	2nd VICE CHAI		☐ Change	Addition
NAME	PIKE, NANCY		NAME	COLLINS, JUD	Y		
STREET ADDRESS	300 S NOKOMIS AVENUE	-	STREET ADDRESS CITY-ST-ZIP	461 BAY SHORE			
CITY-ST-ZIP	VENICE FL			VENICE, FL			
TITLE	DS	₩ Delete	TITLE	TREASURER	, •••	☐ Change	1 Addition
NAME STREET ADDRESS	WALSH, EUGENE		NAME STREET ADDRESS	KIRSCHNER K	ERRY		
CITY-ST-ZIP	2215 ALPINE AVE SARASOTA FL		CITY-ST-ZIP	SARASOTA, FA			
	DCE DCE	Delete	TITLE	SKLRETARY -		☐ Change	Addition
TITLE NAME	MALKIN, CYNTHIA	Delete	NAME				
STREET ADDRESS	4089 ROBERTS POINT		STREET ADDRESS	CARTER, ROBE 1888 BROTHER	CREENEN WAY		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	SARASOTA, FL			
TITLE		Delete	TITLE	15,		☐ Change	Addition
NAME	٠.		NAME			• •	_
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	_ , ,		CITY-ST-ZIP				<u> </u>
TITLE		☐ Delete	TITLE	1		Change	Addition
NAME			NAME				
STREET ADDRESS	<u> </u>		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>			
indicatéd of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that no wered to execute this report	ny signature shall l	have the same legal effec	t as if made under oath: that I an	n an officer	r or director

FILED

Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90123 005 ****61.25

DO NOT WRITE IN THIS SPACE