

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003780

1. Entity Name

BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90278 050 ****61.25

Principal Place of Business

Mailing Address

NW 8TH ST
C. BOX 210
HOMESTEAD FL 33030

RT 15 S
POB 210
W MILTON PA 17886-0210
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

65-0614722

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

VAN HEUSEN, STEVE V
1644 N.W. 20TH ST
HOMESTEAD FL 33030

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	P	<input type="checkbox"/> Delete
NAME	HERBST, DOMINIC	
STREET ADDRESS	P.O. BOX 210, RT. 15 S.	
CITY-ST-ZIP	WEST MILTON PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEEN, JERILYN	
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUTH	
CITY-ST-ZIP	WEST MILTON PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VAN HEUSEN, STEVE	
STREET ADDRESS	28 NE 18TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, JOSEPH	
STREET ADDRESS	26467 SW 126TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, ARTHUR	
STREET ADDRESS	755 W PALM DR	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWE, ED	
STREET ADDRESS	5 SOUTH KROME AVE.	
CITY-ST-ZIP	HOMESTEAD FL	

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

Dominic Herbst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINIC HERBST 4/26/00 570-568-2373

Date

Daytime Phone #

CR2E037 (9/99)