FILED

Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90092 001 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600000013

1. Entity Name

FLORIDA HUMAN RESOURCES DEVELOPMENT, INC.

816 LEOPARD	TRA	AIL	
WINTER SPRI	NG\$	FL	32708

Principal Place of Business

Mailing Address

816 LEOPARD TRAIL

WINTER SPRINGS FL 32708-4128

2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State		4. FEI Numbe	4. FEI Number Applied F 59-3351813 Not Applie						
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent		7. Name and	Address of New Registered	Agent			
			Name	me , white which is the second to the second					
FROMAN, RONALD D 816 LEOPARD TRAIL WINTER SPRINGS FL 32708		Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
		City		FL	Zip Code	=			
8. The above					h, in the state of Florida.	· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered ag	yent and title if applicable (NC	YE: Registered Agent signatu	re required when reinstating)	DATE		ĺ		
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contrib		· -	\$5.00 May Be Added to Fees Make Check Payable to Department of State		,				
10. OFFICERS AND DIRECTORS 11			11.	ADDITIONS/CH/	ANGES TO OFFICERS AND D	IRECTORS IN	10		
TITLE NAME STREET ADDRESS	D Lyndarae, Martin 5001 St. Johns ave.	☐ Delete	TITLE NAME STREET ADDRESS		•	Change	Addition		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP				į		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS	MCCLEARY, MEREDITH E 2201 NW 34 AVE.		NAME STREET ADDRESS				}		
CITY-ST-ZIP	LAUDERDALE LAKES FL 3331	1	CITY-ST-ZIP						
TITLE S	D WIGLEY, JOHN	☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	2700 JUDGE FRAN JAMIESON	I WAY	STREET ADDRESS CITY-ST-ZIP				}		
TITLE	VIERRA FL 32940 OPT	Delete	TITLE			☐ Change	Addition		
NAME	FROMAN, RONALD D	·	NAME				Ì		
STREET ADDRESS CITY-ST-ZIP	816 LEOPARD TRAIL WINTER SPRINGS FL 32708		STREET ADDRESS CITY-ST-ZIP				ļ		
TITLE	DVS	☐ Delete	TITLE			☐ Change	· 🔲 Addition		
NAME	KAPLAN, HOWARD		NAME			•	}		
STREET ADDRESS CITY-ST-ZIP	2226 WINNIEBAGO TRAIL FERN PARK FL 32730		STREET ADDRESS : CITY-ST-ZIP				ĺ		
TITLE	FERRITARIN FL 32/30	☐ Delete	TITLE			Change	Addition		
NAME			NAME				}		
STREET ADDRESS			STREET ADDRESS				Ì		

12. I hereby certify that the information supplied with this filling 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: 5

SMATURE NO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>- 1-23</u>

Daytime Phone #

407-699-9622