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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # N9600000013 **Secretary of State** 01-31-2002 90037 050 ****69.70 FLORIDA HUMAN RESOURCES DEVELOPMENT, INC. Principal Place of Business Mailing Address 816 LEOPARD TRAIL 816 LEOPARD TRAIL WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3351813 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ------7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FROMAN, RONALD D 816 LEOPARD TRAIL WINTER SPRINGS FL 32708 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE Change LYNDARAE, MARTIN NAME NAME 5001 ST. JOHNS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 Addition Change TITLE □ Delete TITLE MCCLEARY, MEREDITH E NAME NAME STREET ADDRESS 2201 NW 34 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Addition TITLE ☐ Delete TITLE ☐ Change REZEK, THOMAS NAME NAME 3940 MCLELLAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 [] Change TITLE ☐ Delete TITLE ☐ Addition FROMAN, RONALD D NAME NAME 816 LEOPARD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER SPRINGS FL 32708 Delete Change ☐ Addition TITLE TITLE KAPLAN, HOWARD NAME NAME 2226 WINNIEBAGO TRAIL STREET ADDRESS STREET ADDRESS FERN PARK FL 32730 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an a