

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003156

1. Entity Name

HERMAPHRODITE EDUCATION AND LISTENING POST, INCO

Principal Place of Business

1270 CARTHAGE DRIVE
JACKSONVILLE FL 32218

Mailing Address

POST OFFICE BOX 26292
JACKSONVILLE FL 32226

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3432430

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARMON-SMITH, HELENA
1270 CARTHAGE DRIVE
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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

TITLE PD
NAME HARMON-SMITH, HELENA
STREET ADDRESS 1270 CARTHAGE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D
NAME ANGER, DIANE
STREET ADDRESS 9686 SW 1ST PLACE
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE SD
NAME MERRILL, STEPHAN
STREET ADDRESS 25215 INDIGO LANE
CITY-ST-ZIP ARLINGTON TX 76015 ☐ Delete

TITLE D
NAME BRAND, DAVID DR.
STREET ADDRESS 3514 CEDAR SPRINGS ROAD
CITY-ST-ZIP DALLAS TX 75219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

HELENA HARMON-SMITH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

904-757-5134

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90061 049 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)