

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003723

1. Entity Name

BIG BEND CENTER FOR HUMAN SERVICES INC.

Principal Place of Business

540 W BREVARD ST
TALLAHASSEE FL 32304

Mailing Address

540 W BREVARD ST
TALLAHASSEE FL 32301-1062
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

59-3272544

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

SIMMONS, GLENN
8136 HOLLY RIDGE TR
TALLAHASSEE FL 32308

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 DMDT ☐ Delete
NAME SIMMONS, GLENN
STREET ADDRESS 777 OLD BETHEL RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE Trustee ☐ Change ☒ Addition
NAME Harold Bellamy
STREET ADDRESS 3617B Old St Augustine Rd
CITY-ST-ZIP Tall. FL.

TITLE T ☒ Delete
NAME BISHOP, CATHERINE
STREET ADDRESS 1408 HENDRIX RD
CITY-ST-ZIP TALLAHASSEE FL (deceased)

TITLE Trustee ☐ Change ☒ Addition
NAME Mary Adams
STREET ADDRESS 006 Remin St
CITY-ST-ZIP Tall. FL. 32304

TITLE T ☐ Delete
NAME BOLES, CARUSCA A
STREET ADDRESS 725 N MACOMB
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE T ☐ Delete
NAME ZURSCHIMIDE, DEBRA
STREET ADDRESS 2729 BLAIRSTONE LANE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE T ☐ Delete
NAME BOLDT, HELEN
STREET ADDRESS 2110 SPENCER AVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE Trustee ☐ Delete
NAME Mary Adams
STREET ADDRESS 006
CITY-ST-ZIP Tall. FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/2000

222-5640
Daytime Phone #

CR2E037 (9/99)