

2001 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 32304
US

2. Principal Place of Business

677 W. Fourth Ave

3. Mailing Address

P.O. Box 4253

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tall. FL

City & State

Tall

Zip

32301

Country

Leon

Zip

32304

Country

Leon

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

SIMMONS, GLENN
8136 HOLLY RIDGE TR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Glenn Simmons

Street Address (P.O. Box Number is Not Acceptable)

West Fourth Ave

City

Tall. FL 32301

FL

Zip Code

32301

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ADAMS, MARY
006 KENIS ST
TALLAHASSEE FL 32304 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BELLAMY, HAROLD
3617 B OLD ST AUGUSTINE RD
TALLAHASSEE FL ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE
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

Glenn Simmons

7/9/01

850-322-5660

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90121 040 ****61.25

CUU73412



DO NOT WRITE IN THIS SPACE

000012

CR2E037 (10/00)