

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004252

1. Entity Name

ALLEN HUMAN SERVICES DEVELOPMENT CORPORATION, IN
C.

Principal Place of Business

Mailing Address

732 ORANGE AVE
DAYTONA BEACH FL 32114
US

P O BOX 9573
DAYTONA BEACH FL 32120
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

59-3434587

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

PARKER, AVA L
112 WEST ADAMS STREET
SUITE 1814
JACKSONVILLE FL 32202

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 D
NAME GRIFFIN, SALLY ☒ Delete
STREET ADDRESS 1672 SHANGRI-LA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE D
NAME Norma J. Gorden ☐ Change ☒ Addition
STREET ADDRESS 1139 Edith Drive
CITY-ST-ZIP Daytona Beach, FL 32117 ☐ Change ☐ Addition

TITLE S
NAME HILL, YVETTE V ☐ Delete
STREET ADDRESS 356 BARTLEY ROAD
CITY-ST-ZIP DAYTONA FL 32119

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

TITLE D
NAME ROBERTS, NELLA ☐ Delete
STREET ADDRESS 945 GLENWOOD STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE D
NAME FORRESTER, JOSEPH ☐ Delete
STREET ADDRESS 139 S KEECH ST
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Joseph Forrester

Joseph Forrester

4/29/02

(386)255-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)