

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000530

1. Entity Name

HUMANITY RESOURCES DEVELOPMENT, INC.

FILED

Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90281 001 ****61.25

Principal Place of Business

Mailing Address

402 NO LAKESIDE DRIVE
LAKE WORTH FL 33460

402 NO LAKESIDE DRIVE
LAKE WORTH FL 33460

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

65-0721332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROZ, JOHN J
402 NO LAKESIDE DRIVE
LAKE WORTH FL 33460

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|-----------------------|----------------------------|---------------------------------|
| DP | BROZ, JOHN J | 402 NO LAKESIDE DRIVE | LAKE WORTH FL 33460 | <input type="checkbox"/> |
| T | FAIRBANKS, JENNIFER | 402 N LAKESIDE RIVE | LAKE WORTH FL 33460 | <input type="checkbox"/> |
| T | MARTIN, KEITH | 8520 49TH ST NORTH | PINELLAS PARK FL 34665 | <input type="checkbox"/> |
| T | JALWANG, JOHN | 35 HESYMOR HEIGHTS | LIVERPOOL ENGLAND L835W UK | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-582
-8695

CR2E037 (9/01)