

2000/2001 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **W97000001169**

1. Entity Name

Helping Hearts International, Inc.

Principal Place of Business

Mailing Address

P.O. Box 6489

Same

Ft. Myers, FL 33911

2. Principal Place of Business

6455 22nd Ave, NW

3. Mailing Address

Suite, Apt. #, etc.

Naples, FL 34119

City & State

Naples, FL 34119

Zip

34119

Country

Collier

Zip

Country

4. FEI Number

65-0727059

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

Name **Michael J. Woulas, Ph.D.**

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

6455 22nd Ave, N.W.

City **Naples, FL 34119**

FL

Zip Code

34119

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

Michael J. Woulas, Ph.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3/2/01

**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 **President**
NAME **Michael J. Woulas, Ph.D.**
STREET ADDRESS **P.O. Box 6489**
CITY-STATE-ZIP **Ft. Myers, FL 33911**

☒ Delete

TITLE **President (P)**
NAME **Michael J. Woulas, Ph.D.**
STREET ADDRESS **6455 22nd Ave, N.W.**
CITY-STATE-ZIP **Naples, FL 34119**

☒ Change ☐ Addition

TITLE **Secretary (S)**
NAME **Foster Altkamp Altkamp**
STREET ADDRESS **3106 Broadway**
CITY-STATE-ZIP **Ft. Myers, FL 33901**

☐ Delete

TITLE **Treasurer (T)**
NAME **Nancy J. Woulas, L.M.T.**
STREET ADDRESS **6455 22nd Ave, N.W.**
CITY-STATE-ZIP **Naples, FL 34119**

☒ Change ☐ Addition

TITLE **Treasurer**
NAME **Nancy J. Woulas, L.M.T.**
STREET ADDRESS **270 Naples Cove Dr. # 3206**
CITY-STATE-ZIP **Naples, FL 34110**

☒ Delete

TITLE **Treasurer (T)**
NAME **Nancy J. Woulas, L.M.T.**
STREET ADDRESS **6455 22nd Ave, N.W.**
CITY-STATE-ZIP **Naples, FL 34119**

☒ Change ☐ Addition

TITLE
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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:

Michael J. Woulas, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Woulas, Ph.D.

5/11/00

Date

941-513-2713

Daytime Phone #

06-07-2000 90010 047 ****61.25

FILE#N97000001169

SECRETARY OF STATE
DIVISION OF CORPORATION

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