

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005839

1. Entity Name

HUMAN RESOURCE & DEVELOPMENT OF MT. HERMON, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90124 039 ****61.25

Principal Place of Business

Mailing Address

400 S. LEVIS AVENUE
TARPON SPRINGS FL 34688-0265

P.O. BOX 265
TARPON SPRINGS FL 34688-0265

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

59-2955629

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

SMITH, MILTON B
1546 RIVER OAKS DRIVE
TARPON SPRINGS FL 34689

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	P	<input type="checkbox"/> Delete
NAME	SMITH, MILTON B	
STREET ADDRESS	400 S. LEVIS AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688-0265	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTS, CLIFFORD JR	
STREET ADDRESS	400 S. LEVIS AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688-0265	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRING, LINDA E	
STREET ADDRESS	400 S. LEVIS AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688-0265	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANE, HERSHAL	
STREET ADDRESS	400 S. LEVIS AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688-0265	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, DONALD	
STREET ADDRESS	453 E OAKWOOD ST	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDSON, GEORGE	
STREET ADDRESS	200 STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	

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

MILTON B. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

727-937-7015

Daytime Phone #

CR2E037 (9/99)