2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # N9700005839 1. Entity Name HUMAN RESOURCE & DEVELOPMENT OF MT. HERMON, INC. 04-04-2001 90499 021 ****61.25 Principal Place of Business Mailing Address P.O. BOX 265 400 S. LEVIS AVENUE TARPON SPRINGS FL 34688-0265 TARPON SPRINGS FL 34688-0265 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2955629 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, MILTON B 1546 RIVER OAKS DRIVE TARPON SPRINGS: FL=34689 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE Delete TITLE smith, milton b NAME NAME 400 S. LEVIS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688-0265 CITY-ST-7IP TITLE ☐ Change Addition Delete TITLE PITTS, CLIFFORD JR NAME NAME 400 S. LEVIS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34688-0265 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERRING, LINDA E NAME NAME STREET ADDRESS 400 S. LEVIS AVENUE STREET ADDRESS TARPON SPRINGS FL 34688-0265 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LANE, HERSHAL NAME NAME 400 S. LEVIS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688-0265 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TAYLOR, DONALD NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

453 E OAKWOOD ST

RICHARDSON, GEORGE

200 STARCREST DRIVE

CLEARWATER FL 33765

TARPON SPRINGS FL 34689

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition