

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007045

1. Entity Name

FIRST CALL FOR HELP, INC.

Principal Place of Business

4040 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

4040 COMMERCIAL WAY
SPRING HILL FL 34606-2396

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

59-3489445

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

JONES, JAMES R JR.
71412 MARINER BOULEVARD
SPRING HILL FL 34609

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 SD
NAME FISHER, JERRY
STREET ADDRESS 8204 ELEANOR STREET
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE P
NAME NICASTRO, SUE
STREET ADDRESS 850 ST. FRANCIS STREET
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE
NAME
STREET ADDRESS 20162 CORTEZ BLVD
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME ANDREWS, DEBORAH
STREET ADDRESS 1300 MARINER BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE VP
NAME FIMBEL, BRUCE
STREET ADDRESS P O BOX 3036
CITY-ST-ZIP SPRINGHILL FL 34606 ☐ Delete

TITLE
NAME GIMBEL, BRUCE
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Spelling of name

TITLE T
NAME HARDIN, MICHAEL
STREET ADDRESS 259 DARTMOUTH
CITY-ST-ZIP SPRINGHILL FL 34606 ☐ Delete

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

TITLE D
NAME CEH, MARILYN
STREET ADDRESS 4040 COMMERCIAL WAY
CITY-ST-ZIP SPRINGHILL FL 34606 ☐ 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:

MARILYN CEH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (352) 688-2026

CR2E037 (9/99)