

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90051 014 \*\*\*\*61.25

**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3489445**

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **P NICASTRO, SUE**  
STREET ADDRESS **20162 CORTER BLVD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601** **D**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VP GIMBEL, BRUCE**  
STREET ADDRESS **P O BOX 3036**  
CITY-ST-ZIP **SPRINGHILL FL 34606** **D**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/2001 352 597 8500**  
Date Daytime Phone #

CR2E037 (10/00)