

2/19

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

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

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

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

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

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

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

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

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

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

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

TITLE D ☒ Delete
 NAME 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)