

2001 UNIFORM BUSINESS REPORT (UBR)

(2)

APPROVED
AND
FILED

01 JUL 25 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000001233

1. Entity Name

MOTHER'S HIP CONNECTION EDUCATION FOUNDATION, IN

Principal Place of Business

1915 DARRYL DR
#C
TALLAHASSEE FL 32301

Mailing Address

1915 DARRYL DR
#C
TALLAHASSEE FL 32301

2. Principal Place of Business

1915 DARRYL DR

Suite, Apt. #, etc.
#C

3. Mailing Address

1915 DARRYL DR

Suite, Apt. #, etc.
#C

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32301

Country

LEON

Zip

32301

Country

LEON

4. FEI Number

59-3495357

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBITT, THERESSA
1915-C DARRYL DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name THERESSA Corbitt

Street Address (P.O. Box Number is Not Acceptable)

1915-C DARRYL DRIVE

City TALLAHASSEE

FL

Zip Code

32301

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.

100004524491--9

-08/08/01--01059--028

*****70.00 *****70.00

SIGNATURE

N/A

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCBD CLINTON, GEORGE 6753 THOMASVILLE RD STE 108-245 TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLINTON, STEPHANIE 6753 THOMASVILLE RD STE 108-245 TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORBITT, THERESSA 1915-C DARRYL DR TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB CLINTON, GEORGE 6753 THOMASVILLE RD STE 108-245 TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINTON, STEPHANIE 6753 THOMASVILLE RD STE 108-245 TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

7/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)