

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001469

1. Entity Name

BELL ROAD HUMAN SERVICES, INC.

Principal Place of Business

RT 2 BOX 529-F, BELL ROAD
HAVANA FL 32333

Mailing Address

RT 2 BOX 529-F, BELL ROAD
HAVANA FL 32333

2. Principal Place of Business

182 Bell road

3. Mailing Address

182 Bell rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FLA

City & State

Havana, FLA

Zip

32333

Country

Madison

Zip

32333

Country

Madison

6. Name and Address of Current Registered Agent

PEASE, WILLIE

RT 2 BOX 529-F, BELL ROAD
HAVANA FL 32333

7. Name and Address of New Registered Agent

4000003390014-2
-09/13/00--01007-014

Street Address (P.O. Box Number is Not Allowed) ******61.25*

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

Willie Pease

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-31-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PEASE, WILLIE	
STREET ADDRESS	RT 2 BOX 529-F	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEASE, REGINALD	
STREET ADDRESS	RT 2 BOX 529-F	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SHARONDA	
STREET ADDRESS	RT 2 BOX 529-F	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D. WILLIAM C. WESTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1967 Concord Road	
STREET ADDRESS	HAVANA, FLA 32333	
CITY-ST-ZIP		
TITLE	D. Wilbert Washington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 596 N/A	
STREET ADDRESS	HAVANA, FLA 32333	
CITY-ST-ZIP		
TITLE	D. LENWOOD HERRON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1 N/A	
STREET ADDRESS	QUINCY, FLA 32353	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William C. Wester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 SEP -6 PM 3:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

31-1592598

4. FEI Number

31-1592598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)