

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001469

1. Entity Name

BELL ROAD HUMAN SERVICES, INC.



FILED

03 MAR -4 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

182 BELL ROAD
HAVANA FL 32333

182 BELL ROAD
HAVANA FL 32333

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 31-1592598

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

PEASE, WILLIE
182 BELL RD
HAVANA FL 32333

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WESTER, WILLIAM C
STREET ADDRESS 1867 CONCORD ROAD
CITY-ST-ZIP HAVANA FL 32333

TITLE Director ☐ Change ☒ Addition
NAME Willie Pease
STREET ADDRESS 142 Bell Road
CITY-ST-ZIP HAVANA, FLA, 32333

TITLE D ☐ Delete
NAME WASHINGTON, WILBERT
STREET ADDRESS P.O. BOX 596
CITY-ST-ZIP HAVANA FL 32333

TITLE Asst. Director ☐ Change ☒ Addition
NAME Eunila Pease
STREET ADDRESS 182 Bell Road
CITY-ST-ZIP HAVANA, FLA 32333

TITLE D ☐ Delete
NAME HERRON, LENWOOD
STREET ADDRESS P.O. BOX 1
CITY-ST-ZIP QUINCY FL 32353

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000014085580
03/14/03--01034--020 **\$61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Willie Pease*

3-4-03

CR2E037 (10/02)