

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001950

1. Entity Name
COMMUNITY HANDS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90403 043 ****61.25

Principal Place of Business Mailing Address
UNITED WAY UNITED WAY
112 TUPELO AVE 112 TUPELO AVE
FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548-5555

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3552728 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, SUZANNE
4300 BAYOU BLVD., STE. 12 & 13
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, JOE	
STREET ADDRESS	4300 BAYOU BLVD., STE. 17C	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BELL, REED	
STREET ADDRESS	97 SHORELINE DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBINSON, BILL	
STREET ADDRESS	112 TUPELO AVE	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, AMANDA	
STREET ADDRESS	348 MIRACLE STRIP PKWY #21	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, NAN	
STREET ADDRESS	4300 BAYOU BLVD., STE. 17C	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klausutis, Lori	
STREET ADDRESS	348 Miracle Strip Pkwy. #21	
CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Higgins	
STREET ADDRESS	340 Beal Pkwy	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	

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: Robinson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-14-00 Daytime Phone # 850-243 0315

CR2E037 (9/99)