

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90860 001 ***490.00

9100

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004205

1. Entity Name

**HEALTH OUTREACH PREVENTION AND
 EDUCATION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1350 South Hickory Street
 Melbourne, FL 32901**

**8249 Devereux Drive
 Melbourne, FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3528774

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Mathias, David E.
 8249 Devereux Drive
 Melbourne, FL 32940**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	CD Maguire, Michael F. 8249 Devereux Drive Melbourne, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bunker, Stephen P. 1350 South Hickory Street Melbourne, FL 32901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Price, Carroll D. II 1350 South Hickory Street Melbourne, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Means, Michael D. 8249 Devereux Drive Melbourne, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Michael D. Means* **Secretary**

4/10/00

321

434-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)