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

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90209 023 ****61.25

DOCUMENT # N98000005056

1. Entity Name
SEMINOLE HOME BASED EMERGENCY ASSISTANCE RESPONSE TEAM, INCORPORATED

Principal Place of Business	Mailing Address
1000 WELDON BLVD., BLDG. P-64 SANFORD, FL 32773	P.O. BOX 951636 LAKE MARY, FL 32795

2. Principal Place of Business	3. Mailing Address
100 Weldon Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sanford, FL	City & State
Zip / Country 32773 / Seminole	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3546475 ☐ 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
LUTZ, CHRIS A 600 N. HWY. 17-92, STE. 69 LONGWOOD, FL 32750	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SCOTT, BRUCE REV. 301 OAK ST. SANFORD, FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Sylvester Johnson 657 Stonefield Loop Heathrow, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD FURLONG, EMILY 1000 HOLT AVE., PHILANTHROPY CENTER WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUTZ, CHRIS 600 N. HWY. 17-92, #68 LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, TED N 4700 CR 46A SANFORD, FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Patricia Shields 100 Weldon Boulevard Sanford, FL 32773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Patricia Shields 4/4/03 4073234440 X 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #