

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005238

1. Entity Name

HOME EDUCATORS LENDING PARENTS SUPPORT INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 002 ****61.25

Principal Place of Business

5941 NW 14 CT
SUNRISE FL 33313

Mailing Address

5941 NW 14 CT
SUNRISE FL 33313-6225

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

65-0857513

Applied For

Not Applied For

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

CAPRARO, SUSAN L
5941 NW 14 CT
SUNRISE FL 33313

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME EDWARDS, E
STREET ADDRESS 8421 NW 47TH PL
CITY-ST-ZIP LAUDERHILL FL 33351

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

TITLE SD ☐ Delete
NAME SCHNITZIUS, KIM
STREET ADDRESS 1901 NW 182 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE PCD ☐ Delete
NAME LICA, KEISHA
STREET ADDRESS 11700 NW 4 ST
CITY-ST-ZIP PLANTATION FL 33325

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

TITLE PD ☐ Delete
NAME CAPRARO, SUSAN L
STREET ADDRESS 5941 NW 14TH CT
CITY-ST-ZIP SUNRISE FL 33313

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

TITLE TD ☐ Delete
NAME COVERT, KEVEN C
STREET ADDRESS 2153 NW 45TH AVE
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
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:

Keven C Covert Keven C Covert Treasurer 1/18/2000 9549708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #