

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005804

1. Entity Name

OPERATION HANDCLASP, INC.

Principal Place of Business

1511 E. FERN ROAD
LAKELAND FL 33801

Mailing Address

1511 E. FERN ROAD
LAKELAND FL 33801-2339

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

59-3550177

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

WOOD, BRADLEY J
2600 NINTH STREET NORTH
2ND FLOOR
ST. PETERSBURG FL 33704

Name

Wood, Bradley J.

Street Address (P.O. Box Number is Not Acceptable)

2639 Ninth Street North

City

St. Petersburg,

FL

Zip Code
33704

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 D ☐ Delete
NAME WOOD, BRADLEY J
STREET ADDRESS 2600 NINTH STREET NORTH, 2ND FLOOR
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE D ☒ Change ☐ Addition
NAME Wood, Bradley J.
STREET ADDRESS 2639 Ninth Street North
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE D ☐ Delete
NAME BROWN, ELDON
STREET ADDRESS 1511 E FERN RD
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE D ☐ Delete
NAME DEAL, STEVE
STREET ADDRESS 1104 ARBODELA CT
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D ☐ Delete
NAME EVANS, DONALD J
STREET ADDRESS 23427 PINE LAKE ST
CITY-ST-ZIP LAND O LAKES FL 34639

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

TITLE D ☐ Delete
NAME JACKSON, LEON W
STREET ADDRESS 7303 ALTA LOMA ST
CITY-ST-ZIP TAMPA FL 33625

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley J. Wood, Director 04/21/00 727/895-1991

Date

Daytime Phone #

CR2E037 (9/99)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90081 011 ****61.25



DO NOT WRITE IN THIS SPACE