

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006879

1. Entity Name

HELPING HANDS PROGRAMS FOR YOUTH, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90099 005 ****61.25

Principal Place of Business

Mailing Address

1514 NORTH SIMPSON STREET
MT. DORA FL 32757

1514 NORTH SIMPSON STREET
MT. DORA FL 32757-3950

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

59-3539628

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

BADGER, ETHEL M
1514 NORTH SIMPSON STREET
MT. DORA FL 32757

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 PD
NAME SIELING, JAMES
STREET ADDRESS 621 LAKE DORAL DR
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE President
NAME BARTELL Coleman
STREET ADDRESS 1626 S. CLARCONA Road
CITY-ST-ZIP APOPKA FL 32703 ☒ Change ☐ Addition

TITLE VPD
NAME MORRELL, JERRY
STREET ADDRESS 3584 RIVER MILL CT
CITY-ST-ZIP ELLENWOOD GA 30294 ☒ Delete

TITLE Vice President
NAME Donna House
STREET ADDRESS 35919 GooseCreek Road
CITY-ST-ZIP Leesburg FL 34788 ☒ Change ☐ Addition

TITLE TD
NAME BRONSON, BESSIE
STREET ADDRESS 907 NEBRASKA ST
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

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

TITLE SD
NAME ALLEN, MARY
STREET ADDRESS 1525 GRANITE STATE CT
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

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

TITLE MD
NAME ROBINSON, RUTH
STREET ADDRESS 1235 SE 115TH ST
CITY-ST-ZIP OCKLAWAHA FL 32179 ☐ 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

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:

Ethel M Badger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)