

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000181

1. Entity Name

SOCIALIZING SINGLE PARENTS AND FRIENDS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90048 049 \*\*\*\*61.25

Principal Place of Business Mailing Address  
~~P.O. BOX 6963~~ 3089 HARROW RD ~~P.O. BOX 6963~~ 3089 HARROW RD  
SPRINGHILL FL ~~34611~~ 34606 SPRINGHILL FL ~~34611~~ 34606

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
3089 HARROW RD.

City & State City & State  
Zip Country Zip Country  
34606 HERNANDO



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YOUNG, RAYMOND J 4464 CADBURY RD. SPRING HILL FL 34606		Name: YOUNG, RAYMOND J. Street Address (P.O. Box Number is Not Acceptable): 3089 HARROW RD. City: SPRING HILL, FL Zip Code: 34606	

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: *Raymond J. Young*  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, RAYMOND J <del>P.O. BOX 6963</del> SPRINGHILL FL <del>34611</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT YOUNG, RAYMOND J. 3089 HARROW RD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HADRY, MYRTLE <del>P.O. BOX 6963</del> SPRINGHILL FL 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MYRTLE HADRY 3089 HARROW RD SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVILLE ANN <del>P.O. BOX 6963</del> SPRINGHILL FL <del>34611</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HATFIELD, JOYCE <del>P.O. BOX 6963</del> SPRINGHILL FL <del>34611</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOYCE E. HATFIELD 3089 HARROW RD. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce E. Hatfield* Treasurer 4-19-00 352-666-0531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)