

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004501

1. Entity Name

HAND-IN-HAND OF DELRAY BEACH, INC.

Principal Place of Business

306 S.W. 6TH AVE.
DELRAY BEACH FL 33444

Mailing Address

306 S.W. 6TH AVE.
DELRAY BEACH FL 33444-2434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PATRICK, JANET
306 S.W. 6TH AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

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

T ☐ Delete
NAME PATRICK, JANET
STREET ADDRESS 306 S.W. 6TH AVE.
CITY-ST-ZIP DELRAY BEACH FL 33444

T ☐ Delete
NAME PATRICK, EARL
STREET ADDRESS 306 S.W. 6TH AVE.
CITY-ST-ZIP DELRAY BEACH FL 33444

T ☐ Delete
NAME ZIMMERMAN, STEPHEN L
STREET ADDRESS 737 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

☐ Change ☐ Addition
TITLE
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:

Janet Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-00 (56) 265-1584
Date Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 009 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937484 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)