

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-15-2000 90215 001 ***61.25

DOCUMENT # N99000005056

1. Entity Name

HUMANITARIAN UNIVERSAL CONNEXIONS, INC.

R

Principal Place of Business

Mailing Address

2712 CHARLESTON CT.
TALLAHASSEE FL 32308

2712 CHARLESTON CT.
TALLAHASSEE FL 32308-9200

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

59-3622051

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERON, TERESA M.
2712 CHARLESTON CT.
TALLAHASSEE FL 32308

Name

Street Address (R.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	PRESIDENT (D) <input type="checkbox"/> Delete
NAME	LIGIA M. APPLGATE
STREET ADDRESS	3428 Clifden DR
CITY-ST-ZIP	Tallahassee - Florida 32308
TITLE	Vice President (D) <input type="checkbox"/> Delete
NAME	John Reynolds
STREET ADDRESS	3603 Donegal DR
CITY-ST-ZIP	Tallahassee - Florida 32308
TITLE	Secretary (D) <input type="checkbox"/> Delete
NAME	TERESA M. HERON (D)
STREET ADDRESS	2712 Charleston Ct
CITY-ST-ZIP	Tallahassee - Florida 32308
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	Beatriz H. GRAHAM (D)
STREET ADDRESS	8129 Blue Quail Trail
CITY-ST-ZIP	Tallahassee - Florida 32312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 00
 Date

893-9793 home
 921-9529 office
 Daytime Phone #

CR2E037 (9/99)