

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.

Principal Place of Business

2712 CHARLESTON CT.
TALLAHASSEE FL 32308

Mailing Address

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

59-362 2051

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

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 reinstalling)

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	<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

Daytime Phone #

893-9743 home
921-9529 office

CR2E037 (9/99)