

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006319

1. Entity Name

HELPINGS FROM THE HEART INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90346 037 ****69.90

0014375

Principal Place of Business

1416 W. TENNESSEE ST., STE. A
TALLAHASSEE FL 32304

Mailing Address

1416 W. TENNESSEE ST., STE. A
TALLAHASSEE FL 32304

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

65-0976965

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERONIMO, ANTHONY F
811 HIGH RD.
TALLAHASSEE FL 32304

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:
FEES 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

TITLE DP
NAME MAYER, JEROME F
STREET ADDRESS 228 W. 2ND 7
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE DVPC
NAME GERONIMO, ANTHONY
STREET ADDRESS 8121 HIGH RD
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE DD
NAME DAAG, SIMON M
STREET ADDRESS 2004 MONICELLO DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MAYER, JEROME F.
STREET ADDRESS 2136 HEATHROW DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☒ Change ☐ Addition

TITLE DVPC
NAME GERONIMO, ANTHONY F.
STREET ADDRESS 811 HIGH RD
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☒ Change ☐ Addition

TITLE DD
NAME DAG, SIMON M.
STREET ADDRESS 2004 MONTICELLO DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ 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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (850)681-6460

Date

Daytime Phone #

CR2E037 (10/00)