

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006823

1. Entity Name

HELPING HANDS HELPING FRIENDS, INC.

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

04-27-2000 90050 003 ****61.25

Principal Place of Business

Mailing Address

4800 140TH AVENUE NORTH
CLEARWATER FL 33762

4800 140TH AVENUE NORTH
CLEARWATER FL 33762-3800

2. Principal Place of Business

600 Cleveland Street

3. Mailing Address

600 Cleveland Street

Suite, Apt. #, etc.

FL 2-719-02-02

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33755

Country
USA

Zip
33755

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

METCALF, TIM
4800 140TH AVENUE NORTH
CLEARWATER FL 33762

Name
Tim Metcalf

Street Address (P.O. Box Number is Not Acceptable)
600 Cleveland Street

City
Clearwater

FL

Zip Code
33755

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 *Tim Metcalf* Tim Metcalf

4/9/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, TIM	
STREET ADDRESS	4800 140TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASQUALOTTO, DAWN	
STREET ADDRESS	4800 140TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, JOHN	
STREET ADDRESS	4800 140TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Cleveland Street	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE BAKER	
STREET ADDRESS	600 Cleveland Street	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Cleveland Street	
CITY-ST-ZIP	Clearwater, FL 33755	
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		
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 title empowered.

SIGNATURE *Tim Metcalf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2000
Date

Daytime Phone #

CR2E037 (9/99)