

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90080 031 \*\*\*\*70.00  
 02-14-2000 90166 048 \*\*\*\*61.25

**DOCUMENT # N99000007636**

1. Entity Name

**HELPING HAND FOR THE HANDICAPPED, INC.**



Principal Place of Business

Mailing Address

622 52ND STREET  
 W. PALM BEACH FL 33407

622 52ND STREET  
 W. PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

622 52nd STREET

622 52nd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

65000002-65100002

Applied For

Not Applicable

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BEACH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HOLLANDSWORTH, ROBERT E JR.  
 622 52ND STREET  
 W. PALM BEACH FL 33407

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: Helping Hand For the Handicapped Inc.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HOLLANDSWORTH, ROBERT E	622 52ND STREET	W. PALM BEACH FL 33407	<input type="checkbox"/>
D	LESTER, ELVA	4225 45TH STREET	W. PALM BEACH FL 33407	<input checked="" type="checkbox"/>
D	DOMINGUEZ, LOUISA	622 52ND STREET	W. PALM BEACH FL 33407	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	EMMA GENE DIXON	450 W 34TH STREET	RIVERA BEACH FL 33404	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert A. Hollandsworth, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2000 561-848 7442

DATE

DAYTIME PHONE #

CR20037 (5/00)