

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0049739

DOCUMENT # N99000007636

1. Entity Name

HELPING HAND FOR THE HANDICAPPED, INC.

05-02-2001 90076 032 ****62.00

Principal Place of Business

Mailing Address

622 52ND STREET
 W. PALM BEACH FL 33407

622 52ND STREET
 W. PALM BEACH FL 33407

B0044169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

622 52nd STREET

622 52nd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

4. FEI Number

65-4000002

Applied For

Not Applicable

Zip

Country

Zip

Country

6790 33407

Palm BEACH

33407

Palm BEACH

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLANDSWORTH, ROBERT E	
STREET ADDRESS	622 52ND STREET	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, EMMA GENE	
STREET ADDRESS	450 W 34TH STREET	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, LOUISA	
STREET ADDRESS	622 52ND STREET	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert E. Hollandsworth*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 28 561-254 9212
 Date Daytime Phone #

CR2E037 (10/00)