

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 91190 035 \*\*\*150.00

00070316

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000064834  
**1. Entity Name** CENTRAL FLORIDA'S HELPING HANDS, INC. ✓

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** 5920 HOG SNAPPER LN  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.  
**City & State** ORLANDO FL  
**Zip** 32822 **Country**

**4. FEI Number** 59-3646861 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 JAMES M BAXTER  
 5920 HOG SNAPPER LN  
 ORLANDO FL 32822

**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** *JMB* JAMES M BAXTER **29 APR 01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **FILE NOW!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P NICHOL PARKIN
STREET ADDRESS	275 E. CENTRAL PKWY #1818
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32703
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V NICHOL PARKIN
STREET ADDRESS	275 E. CENTRAL PKWY #1818
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32703
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T JAMES M BAXTER
STREET ADDRESS	5920 HOG SNAPPER LN
CITY-ST-ZIP	ORLANDO FL 32822
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	

**13. 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 no 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *JMB* JAMES M BAXTER, SEC/TREAS **29 APR 01** **407-929-8045**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)