

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40929

1. Entity Name

SEMINOLE HUMAN SERVICES, INC.

Principal Place of Business

Mailing Address

~~269 US 1 SOUTH~~
~~SUITE 205~~
~~ST AUGUSTINE FL 32086~~
~~US~~

888 W. BIG BEAVER
SUITE 1440
TROY MI 48064-4738
US

2. Principal Place of Business

888 W. Big Beaver Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1440

City & State

Troy, MI

City & State

4. FEI Number

38-3073688

Applied For

Not Applicable

Zip

48084

Country

USA

Zip

Country

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

ZLOCZOVER, VIRGINIA
801 S.W. 34TH AVENUE
BOYNTON BEACH FL 33435

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

Virginia Zloczover Virginia Zloczover

1/25/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD ☐ Delete
NAME WOLLACK, ROBERT
STREET ADDRESS 15100 MACK AVENUE
CITY-ST-ZIP GROSSE POINTE PK MI 48230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WALSH, JAMES F.
STREET ADDRESS 22350 WORESTER
CITY-ST-ZIP NOVI MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ZLOCZOVER, VIRGINIA
STREET ADDRESS 801 S.W. 34TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARHURST, RON
STREET ADDRESS 15100 MARK AVE
CITY-ST-ZIP GROOSE POINT PARK MI 48230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILSON, DANIEL
STREET ADDRESS 2692 US #1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CATOGGIO, ANTHONY
STREET ADDRESS 2692 US #1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Change ☐ 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:

Virginia Zloczover Virginia Zloczover

1/25/00 561-998-2447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)