

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098025

1. Entity Name

CENTER FOR HUMAN DEVELOPMENT, INC.

Principal Place of Business

2005 JACKSON STREET
HOLLYWOOD FL 33020

Mailing Address

2005 JACKSON STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

5809 HOLLYWOOD BLVD

3. Mailing Address

5809 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLYWOOD FL.

City & State

HOLLYWOOD FLA.

City & State

HOLLYWOOD FL.

Zip

33020

Country

USA

Zip

33020

Country

USA

6. Name and Address of Current Registered Agent

SIMONS, JEROME A
4601 SHERIDAN STREET
SUITE 500
HOLLYWOOD FL

7. Name and Address of New Registered Agent

Name

DAVID J. SIMONS

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

3864 Sheridan Street

I

City

Hollywood

FL

Zip Code

33021

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, if not 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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LOGETTE, LILIA M
STREET ADDRESS 2005 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE SVTD
NAME SIMONS, BARBARA A
STREET ADDRESS 2005 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VD
NAME SIMONS, DAVID J
STREET ADDRESS 2005 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ST
NAME SIMONS, DAVID J (ASST)
STREET ADDRESS 2005 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE YVONNE CHUCKSHING
NAME 8651 NW 3RD ST.
STREET ADDRESS PEBBROKE PINES FL 33024
CITY-ST-ZIP

TITLE PD
NAME LILIA M. LOGETTE
STREET ADDRESS 738 N CRESCENT DR.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SVTD
NAME BARBARA A SIMONS
STREET ADDRESS 738 N CRESCENT DR.
CITY-ST-ZIP HOLLYWOOD, FL. 33021

TITLE DAVID J SIMONS
NAME 3864 Sheridan Street
STREET ADDRESS Hollywood, FL 33021
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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 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:

BARBARA A. SIMONS

BARBARA A. SIMONS

Date

(959) 920 4623

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90068 021 ***150.00

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DO NOT WRITE IN THIS SPACE

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