

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90286 038 ****61.25

DOCUMENT # 704372

1. Entity Name
PRIMROSE CENTER, INC.

Principal Place of Business

2733 S FERNCREEK AVE
 ORLANDO FL 32806

Mailing Address

2733 S FERNCREEK AVE
 ORLANDO FL 32806

618263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0699143

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAIN, SHERRY L.
 2733 S FERNCREEK AVE
 ORLANDO FL 32806

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KING, LESLIE	1738 WESTOVER RES BLVD	WINDERMERE FL 34786	<input type="checkbox"/>
DVP	GALLOWAY, HELEN	618 ALBERTSON PLACE	ORLANDO FL	<input type="checkbox"/>
S	EVANS, FAYE	1614 OVERLOOK RD	ORLANDO FL	<input type="checkbox"/>
T	OUSLEY, B J	180 LAKESIDE CIR	SANFORD FL	<input type="checkbox"/>
D	MACKELL, BERNARD	10321 KINGBROOK LN	ORLANDO FL	<input checked="" type="checkbox"/>
P	Paul Dorman	4262 Vixen Ct	Orlando, FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Paul Dorman	4262 Vixen Ct	Orlando, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Linda McCarty	5836 Patch Pine Dr	Orlando FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Al Glidwell	1220 Pine St	Apopka FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Steve Casola	4221 Old Dominion Rd	Orlando FL	<input type="checkbox"/>	<input checked="" 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 407/898-7201

Date

Daytime Phone #

CR2E037 (10/00)