

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90053 005 ****61.25

DOCUMENT # N36256

1. Entity Name

FROSTPROOF CARE CENTER, INC.

Principal Place of Business

21 SOUTH SCENIC HWY
 FROSTPROOF FL 33843
 US

Mailing Address

21 SOUTH SCENIC HWY
 FROSTPROOF FL 33843
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2988744

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIGGINBOTTOM, DAVID B.
101 E. WALL STREET
FROSTPROOF FL 33843

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	D	<input checked="" type="checkbox"/> Delete
NAME	GALATI, KELLY	
STREET ADDRESS	336 EAST B. STREET	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WATERS, RALPH C	
STREET ADDRESS	300 W. 6TH ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	124 MAXCY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, DAVID	
STREET ADDRESS	4718 RIVER ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAFFNEY, SHERRY	
STREET ADDRESS	511 FIRST STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAWES, ORVILLE	
STREET ADDRESS	385 OVERROCKER CIR	
CITY-ST-ZIP	FROSTPROOF FL 33843	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Stewart Hurst	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(Director)	
STREET ADDRESS	335 Hwy 17 S,	
CITY-ST-ZIP	Babson Park, FL 33827	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Backus	
STREET ADDRESS	33 West F St.	
CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" 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		

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:

Ralph C. Waters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

863-635-5555

Daytime Phone #

CR2E037 (10/00)

Attachment sheets

OFFICERS AND DIRECTORS OF THE FROSTPROOF CARE CENTER, INC.
(continued)

#N 36256
D0013094

D
Rose Loudermilk
2174 N. Lake Reedy Blvd
Frostproof, FL 33843

D
Terry Ogburn
903 Old Avon Park Rd
Frostproof, FL 33843

D
Gregg Wood
255 W Wall St.
Frostproof, FL 33843

D
Margery Simmons
415 West H St
Frostproof, FL 33843

D
Elva Mattox
13 Fort Clinch Hgts
Frostproof, FL 33843

D
Rudolfo Campos
413 East 9th St.
Frostproof, FL 33843

D
Larry Hadden
511 Wood Ave
Frostproof, FL 33843

D
Laura Griffin
2921 Monza Dr.
Sebring, FL 33872

D
Baxter Troutman
318 Kendall Dr.
Winter Haven, FL 33884