

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 039 ****61.25

DOCUMENT # N36256

1. Entity Name

FROSTPROOF CARE CENTER, INC.

Principal Place of Business

Mailing Address

21 SOUTH SCENIC HWY
 FROSTPROOF FL 33843
 US

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

4. FEI Number

59-2988744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	HURST, STEWART	
STREET ADDRESS	335 HWY 17 S	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WATERS,, RALPH C	
STREET ADDRESS	300 W. 6TH ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACKUS, LOIS	
STREET ADDRESS	33 WEST F ST	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, DAVID	
STREET ADDRESS	4718 RIVER ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	C	<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	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hurst, Stewart	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ogburn, Terry	
STREET ADDRESS	903 Old Moon PK Rd	
CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaffney, Sherry	
STREET ADDRESS	511 First St.	
CITY-ST-ZIP	Frostproof, FL 33843	
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 **Ralph C. Waters** 7/12/02 863-635-5555

CR2E037 (4/02)