

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90337 001 ***300.00

DOCUMENT # P93000018935

1. Entity Name
FLORIDA FIRST CARE, INC.

72447



DO NOT WRITE IN THIS SPACE

Principal Place of Business 203 MOODY ROAD PALATKA FL 32177 US	Mailing Address P.O. BOX 2611 PALATKA FL 32177 US
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2. Principal Place of Business 310 S. Palm Ave.	3. Mailing Address 310 S. Palm Ave.
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3
City & State Palatka FL	City & State Palatka FL

Zip 32177	Country	Zip 32177	Country
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4. FEI Number 59-3181248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STUMBO, WANDA M
613 ST. JOHNS AVE.
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name: **Charles W. Engelbrecht**
 Street Address (P.O. Box Number is Not Acceptable): **2656 Country Club Blvd.**
 City: **Orange Park** FL Zip Code: **32073**

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: *Charles W. Engelbrecht, President* DATE: 4/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE P	BURTON, KAY <input checked="" type="checkbox"/> Delete
STREET ADDRESS 203B MOODY RD	
CITY-ST-ZIP PALATKA FL 32177	
TITLE ST	STUMBO, WANDA <input checked="" type="checkbox"/> Delete
STREET ADDRESS 203B MOODY ROAD	
CITY-ST-ZIP PALATKA FL 32177	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President, Vice President, Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles W. Engelbrecht	
STREET ADDRESS 2656 Country Club Blvd.	
CITY-ST-ZIP Orange Park, FL 32073	
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles W. Engelbrecht	
STREET ADDRESS 2656 Country Club Blvd.	
CITY-ST-ZIP Orange Park, FL 32073	
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	

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: *Charles W. Engelbrecht, President* DATE: 4/30/01 DAYTIME PHONE #: 904-325-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)