

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90696 010 \*\*\*\*70.00

**DOCUMENT # 737797**

1. Entity Name

**CIRCLES OF CARE, INC.**



Principal Place of Business  
**400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901**

Mailing Address  
**400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901**

**90001541**



☐ CHECK HERE IF MAKING CHANGES

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 **59-1101553**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITAKER, JAMES B.  
400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES-FRANCEY, DARCIA 400 EAST SHERIDAN ROAD MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Madden, Joan 400 East Sheridan Road Melbourne FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADDEN, JOAN 400 EAST SHERIDAN ROAD MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Neil M. Jackson 400 East Sheridan Road Melbourne FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, JAMES B. 400 E. SHERIDAN ROAD MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FELDMAN, DAVID L. 400 E.SHERIDAN ROAD MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY L HENSEL, PH.D. 400 E. SHERIDAN ROAD MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, BETTIE 2190 MELALEUCA DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Whitaker, President 1/6/2003

CR2E037 (10/02)

90001541

Attachment  
# 737797

D  
Berman, Seymour  
207 Rose Drive  
Cocoa Beach FL 32931

D  
D'Albora, Noretta  
70 Hilltop Lane  
Rockledge FL 32955

D  
Evans, Hugh Jr.  
1688 West Hibiscus Boulevard  
Melbourne Fl 32901

D  
Greenwade, Ella  
3225 Birdsong Court  
Melbourne Fl 32934

D  
Harris, Dewey  
976 Brevard Avenue, suite A  
Rockledge FL 32955

D  
Jones, Dr. Alice  
2501 D SandTrap Lane  
Melbourne FL 32935

D  
Jones-Francey, Darcia  
PO Box 360843  
Melbourne FL 32936-0843

D  
Kambourelis, George  
768 Autumn Glen Drive  
Melbourne Fl 32940

D  
Pavlakos, Debra  
100 South Sykes Creek Parkway  
Merritt Island Fl 32953

D  
Rice, Phyllis  
800 Switchgrass Island Drive  
Cocoa FL 32926

D  
Roberts, Charles J.  
1241 South Florida Avenue  
Rockledge FL 32955

D  
Salonen, Robert E.  
1698 B West Hibiscus Boulevard  
Melbourne Fl 32901

D  
Simmons, Ellen  
2575 N. Courtenay Parkway  
Merritt Island Fl 32953

D  
Weaver, John  
8550 Astronaut Boulevard  
Cape Canaveral FL 32920

D  
Edward Williams  
1775 West Hibiscus Blvd, Suite 100  
Melbourne Fl 32901

*Circles of Care, Inc.*

