

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709734

1. Entity Name

WE CARE CRISIS CENTER, INC.

Principal Place of Business

Mailing Address

112 PASADENA PLACE
ORLANDO FL 32803

112 PASADENA PLACE
ORLANDO FLA 32803-3826

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

59-1171068

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

PERDUE, WENDY
103 MEADOW BLVD
SANFORD FL 32771

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAY, TIM	
STREET ADDRESS	5005 CALLE DE SOL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERTRAM, BURT	
STREET ADDRESS	525 SHERIDAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AMON, LINDA	
STREET ADDRESS	112 N WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERDUE, WENDY	
STREET ADDRESS	103 MEADOW BLVD	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Amon	
STREET ADDRESS	112 N. Wymore Rd.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Gardner	
STREET ADDRESS	5395 L.B. McLeod Rd.	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenna Moorhead	
STREET ADDRESS	PO Box 1894 N/A	
CITY-ST-ZIP	Orlando, FL 32802	
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		

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy L. Perdue

4/27/00

(407)425-5201

Date

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 003 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)