

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

725093

1. Entity Name

ACCESSCARE MANAGEMENT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90113 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12425 S. Twin Oaks Terrace  
Floral City FL 34436

12425 S. Twin Oaks Terr.  
Floral City FL 34436

00055470

2. Principal Place of Business

12425 S. Twin Oaks Terr  
Suite, Apt. #, etc.

3. Mailing Address

12425 S. Twin Oaks Terr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Floral City FL

City & State

Floral City FL

4. FEI Number

23-7292010

Applied For

Not Applicable

Zip

34436

Country

Zip

34436

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Whitelock, Joseph C.  
3245 5th Ave. N.  
St. Petersburg FL 33713

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

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	CD	<input type="checkbox"/> Delete
NAME	Young, Richard C.	
STREET ADDRESS	12425 S. Twin Oaks Terr	
CITY-ST-ZIP	Floral City FL 34436	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	Spitz, Susan	
STREET ADDRESS	5395 L.B.McLeod Rd.	
CITY-ST-ZIP	Orlando FL 32811	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Whitelock, Joseph C.	
STREET ADDRESS	3245 5th Ave. N.	
CITY-ST-ZIP	St. Petersburg FL 33713	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 Richard C Young  
35 Date - 344 - 61288 Daytime Phone #

CR2E037 (9/99)