

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

725093

AccessCare Management, Inc.

Principal Place of Business

Mailing Address

12425 S. Twin Oaks Terrace
Floral City FL 34436

12425 S. Twin Oaks Terrace
Floral City FL 34436

2. Principal Place of Business

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

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Floral City FL

City & State
Same

4. FEI Number
23-7292010

Applied For
Not Applicable

Zip
34436

Country
USA

Zip
Same

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

Joseph C. Whitelock
3245 5 Ave. North
St. Petersburg FL 33713

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Young, Richard C.
12425 S. Twin Oaks Terr
Floral City FL 34436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
Spitz, Susan
5395 L.B. McLeod Rd.
Orlando FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Whitelock, Joseph C.
3245 5th Ave. N.
St. Petersburg FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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☐ Change ☐ 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: Richard C. Young Richard C. Young 4/16/01 352-344-4495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)