

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725714

1. Entity Name

COMMUNITY AGING AND RETIREMENT SERVICES, INC.

Principal Place of Business

Mailing Address

7505 ROTTINGHAM ROAD  
PT RICHEY FL 34668-2648  
US

7505 ROTTINGHAM ROAD  
PT RICHEY FL 34668-2648  
US

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

23-7348090

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

AYCRIGG, WILLIAM  
7505 ROTTINGHAM ROAD  
PORT RICHEY FL 34668

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 ☒ V  
NAME YOUNG, EARL H  
STREET ADDRESS 5435 GALL BOULEVARD  
CITY-ST-ZIP ZEPHYRHILL FL 33541 ☐ Delete

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

TITLE ☐ T  
NAME PRIOR, BOB  
STREET ADDRESS 3106 WAVERLY AVE  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE ☐ D  
NAME HILDEBRAND, ANN  
STREET ADDRESS 5400 PILOTS PLACE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE ☐ D  
NAME KEYES, CAROL  
STREET ADDRESS 5451 WINDWARD WAY  
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME Carol Keyes  
STREET ADDRESS 5727 Biscayne Ct, #203  
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ P  
NAME VIRGADAMO, MICHAEL A  
STREET ADDRESS 7505 ROTTINGHAM ROAD  
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME MICHAEL J. Virgadamo  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ D  
NAME JONES, SANDRA  
STREET ADDRESS 13981 PARADISE LANE  
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE ☐ Change ☐ 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:

MICHAEL VIRGADAMO  
PRESIDENT

1-20-00

813 227-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #