

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90042 017 \*\*\*\*70.00

**DOCUMENT # 725714**

1. Entity Name

**COMMUNITY AGING AND RETIREMENT SERVICES, INC.**

Principal Place of Business

**7505 ROTTINGHAM ROAD  
PT RICHEY FL 34668-2648  
US**

Mailing Address

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

TITLE ☒ Change ☐ Addition  
NAME **CHAIRMAN**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **VICE-CHAIRMAN**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KEYES, CAROL**  
CITY-ST-ZIP **5727 BIGCAYNE CT, #205  
NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **MARC J. YACHT**  
CITY-ST-ZIP **10841 LITTLE RD  
NEW PORT RICHEY, FL 34654**

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 REQUIRED**

**EARLYOUNG/CHAIRMAN**

Date

Daytime Phone #

**1/18/01**

**813/780-4149**

CR2E037 (10/00)