

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726004

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

**Current Principal Place of Business:**

3500 W COLONIAL DR  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 W COLONIAL DR  
ORLANDO, FL 32808 US

**New Mailing Address:**

**FEI Number:** 59-1371754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDY, W. MARVIN, III  
LANDMARK CENTER TWO  
STE 450, 225 E. ROBINSON ST.  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: ASHBY, KIMBERLY  
Address: 255 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: VCD ( ) Delete  
Name: MARLIN, CHRIS  
Address: 2 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: MD ( ) Delete  
Name: FRANK, PATRICIA  
Address: 5958 WALLACE DRIVE  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: LEARY, BILL  
Address: 1115 E. LIVINGSTON STREET  
City-St-Zip: ORLANDO, FL 32803

Title: PD ( ) Delete  
Name: DUKES, DOROTHY  
Address: 108 SOUTH ORTMAN DRIVE  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VCD (X) Change ( ) Addition  
Name: ALLEN-THOMA, CATHERINE  
Address: 8701 ELLESMERE PL  
City-St-Zip: ORLANDO, FL 32836

Title: CD (X) Change ( ) Addition  
Name: MARLIN, CHRIS  
Address: 130 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E. FRANK

MD

04/26/2002

Electronic Signature of Signing Officer or Director

Date