2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90033 028 ****70.00

DOCUMENT # 735239

1. Entity Name

PARACARE ASSOCIATION OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
44 COCOANUT ROW. SUITE T-9 P O BOX 532 PALM BCH FL 33480	44 COCOANUT ROW. SUITE T-9 P O BOX 532 PALM BCH FL 33480-0532

A00003923

DO NOT WRITE IN THIS SPACE

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 51-0199392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, REX
44 COCOANUT ROW
SUITE T-9
PALM BEACH FL 33480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

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	PD FLEMING, FRANK 3203 VASSALLO AVE. LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRON, RONALD B 13208 MARCELA BLVD. LOXAHATCHEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, C. R 846 SW MAGNOLIA BLUFF DR. PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAXTON, CHARLES M. 734 NE 20TH LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres. 1/7/00 (561)655-38
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #