

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90280 021 ****61.25

DOCUMENT # 735239

1. Entity Name

PARACARE ASSOCIATION OF PALM BEACH, INC.



Principal Place of Business

**44 COCOANUT ROW, SUITE T-9
P O BOX 532
PALM BCH FL 33480**

Mailing Address

**44 COCOANUT ROW, SUITE T-9
P O BOX 532
PALM BCH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

DAVIS, REX

~~44 COCOANUT ROW~~

~~SUITE T-9~~

~~PALM BEACH FL 33480~~

Name

Street Address (P.O. Box Number is Not Acceptable)

846 S.W. MAGNOLIA BLUFF DR

City

PALM CITY

FL

Zip Code

34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

C. Rex DAVIS

2-12-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FLEMING, FRANK								
	3203 VASSALLO AVE.								
	LAKE WORTH FL								
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PERRON, RONALD B								
	13208 MARCELA BLVD.								
	LOXAHATCHEE FL								
	TD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DAVIS, C. R								
	846 SW MAGNOLIA BLUFF DR.								
	PALM CITY FL								
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SAXTON, CHARLES M.								
	734 NE 20TH LANE								
	BOYNTON BEACH FL								
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FLEMING, JUDY A								
	3203 VASSALLO AVE								
	LAKE WORTH FL 33461								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

C. Rex DAVIS, T.D. 2-12-03 561-655-3822

CR2E037 (10/02)