

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743261

1. Entity Name

THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER,

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90018 013 ****70.00

Principal Place of Business

Mailing Address

1095 BELLE AVE.
 CASSELBERRY FL 32708

1095 BELLE AVE.
 CASSELBERRY FL 32708-2961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1897707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POE, WILLIAM H.
 1095 BELLE AVENUE
 CASSELBERRY FL 32708

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 PD ☐ Delete
 NAME JOHNSON, ROBERT
 STREET ADDRESS 1200 APACHE DR
 CITY-ST-ZIP GENEVA FL 32732

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

TITLE VPD ☐ Delete
 NAME STONE, CAROL
 STREET ADDRESS 2075 ACKOLA POINT
 CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE J ☐ Delete
 NAME JUDGE, RUSSELL
 STREET ADDRESS 801 DOUGLAS AVE STE 107
 CITY-ST-ZIP ALTAMONTE SPGS FL

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

TITLE SD ☐ Delete
 NAME TOBIN, MARY
 STREET ADDRESS 3377 OHIO ST
 CITY-ST-ZIP SANFORD FL 32773

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

TITLE D ☐ Delete
 NAME POE, WILLIAM H
 STREET ADDRESS 639 MARLIN RD
 CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

William H. Poe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-00

Daytime Phone #

407-699-4419

CR2E037 (9/99)