

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90323 046 \*\*\*100.00

**DOCUMENT # 743261**

1. Entity Name

THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, ✓

Principal Place of Business

1095 BELLE AVE.  
 CASSELBERRY FL 32708

Mailing Address

1095 BELLE AVE.  
 CASSELBERRY FL 32708

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 **59-1897707**

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	1200 APACHE DR	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STONE, CAROL	
STREET ADDRESS	2075 ACKOLA POINT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	J	<input type="checkbox"/> Delete
NAME	JUDGE, RUSSELL	
STREET ADDRESS	801 DOUGLAS AVE STE 107	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TOBIN, MARY	
STREET ADDRESS	3377 OHIO ST	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	POE, WILLIAM H	
STREET ADDRESS	639 MARLIN RD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, Curtis	
STREET ADDRESS	209 Mockingbird Ln	
CITY-ST-ZIP	Wintersprings, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cecelia Boerenko	
STREET ADDRESS	4094 LAKE CONWAY WOODS BLVD	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)