

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State

10-03-2002 90050 002 ***245.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 743261

1. Entity Name

THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.

Principal Place of Business

Mailing Address

1095 BELLE AVE.
 CASSELBERRY FL 32708

1095 BELLE AVE.
 CASSELBERRY FL 32708

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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
 NAME MOORE, CURTIS
 STREET ADDRESS 209 MOCKING BIRD LANE
 CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

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

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

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

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

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

TITLE SD
 NAME BOERENKO, CECILIA
 STREET ADDRESS 4094 LAKE CONWAY WOODS BLVD
 CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE SD
 NAME MOORE, Chuck
 STREET ADDRESS 109 Mocking Bird Lane
 CITY-ST-ZIP Winter Springs, FL 32708 ☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: [Signature]

10/01/2002 407 699-449

CR2E037 (4/02)