

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753542

1. Entity Name

LAKE WALES CARE CENTER, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90229 031 ****61.25

Principal Place of Business

200 E. ORANGE AVENUE
LAKE WALES FL 33853

Mailing Address

200 E. ORANGE AVENUE
LAKE WALES FL 33853-3734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2015847

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

QUAM, ROBERT
200 E ORANGE AVE.
LAKE WALES FL 33853

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

Robert Quam Executive Director

1/10/00

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 ☐ Delete
NAME TD
STREET ADDRESS HUNT, LAURA
CITY-ST-ZIP 803 N LAKESHORE BLVD
LAKE WALES FL 33853

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

TITLE ☒ Delete
NAME PD
STREET ADDRESS HALL, GREG
CITY-ST-ZIP 5301 US HWY 27 S
LAKE WALES FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS PORTWOOD, RANDY
CITY-ST-ZIP 800 OHLINGER RD
BABSON PARK FL 33827

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS FRANCIS, GENE
CITY-ST-ZIP 131 E. JOHNSON AVE
LAKE WALES FL 33853

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

TITLE ☐ Delete
NAME
STREET ADDRESS 215 E Park Ave
CITY-ST-ZIP La

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS Parlier, Mark
CITY-ST-ZIP 215 E. Park Ave
Lake Wales, FL 33853

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

(863)676-5902

Date

Daytime Phone #

CR2E037 (9/99)