

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90145 043 *****61.25

0066383

DOCUMENT # 753542

1. Entity Name

LAKE WALES CARE CENTER, INC.

Principal Place of Business

**200 E. ORANGE AVENUE
 LAKE WALES FL 33853**

Mailing Address

**200 E. ORANGE AVENUE
 LAKE WALES FL 33853**

2. Principal Place of Business

140 E. Park Ave

3. Mailing Address

140 E. Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales FL

City & State

Lake Wales, FL

4. FEI Number

59-2015847

Applied For

Not Applicable

Zip

33853

Country

USA

Zip

33853

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]

Robert Quam Executive Director

4/10/01

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	VD	<input type="checkbox"/> Delete
NAME	HUNT, LAURA	
STREET ADDRESS	803 N LAKESHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTWOOD, RANDY	
STREET ADDRESS	800 OHLINGER RD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCIS, GENE	
STREET ADDRESS	131 E. JOHNSON AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARLIER, MARK	
STREET ADDRESS	215 E. PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Sims	
STREET ADDRESS	1011 Destin Dr.	
CITY-ST-ZIP	Lake Wales, FL 33853	
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		
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:

Laura Hunt **Laura Hunt**

4-12-01 (863) 676-5902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)