

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758700

1. Entity Name

CONCERNED PERSONS FOR CLIENTS AT WORK ORIENTED R

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90027 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1100 JIMMY ANN DR  
 DAYTONA BEACH FL 32117  
 US

1565 AIRPORT ROAD  
 ORMOND BEACH FL 32174-2929  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2942208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDY HALL  
 1565 AIRPORT ROAD  
 ORMOND BEACH FL 32174

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: TD  Delete  
 NAME: POSSENTI, PATRICIA A  
 STREET ADDRESS: 829 PINE TREE CT  
 CITY-ST-ZIP: PT ORANGE FL

TITLE: TD  Change  Addition  
 NAME: LOVING, Peggy  
 STREET ADDRESS: 63 Clubhouse Blvd  
 CITY-ST-ZIP: New Smyrna Beach FL 32168

TITLE: PD  Delete  
 NAME: LUCILLE I HUNTER  
 STREET ADDRESS: 104 PAR DRIVE  
 CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168

TITLE: PD  Change  Addition  
 NAME: ~~Judy~~ Hall Judy  
 STREET ADDRESS: 1565 Airport Road  
 CITY-ST-ZIP: Ormond Beach FL 32174

TITLE: SD  Delete  
 NAME: POSSENTI, PATRICIA A  
 STREET ADDRESS: 829 PINE TREE CT  
 CITY-ST-ZIP: PT ORANGE FL 32127

TITLE: SD  Change  Addition  
 NAME: ~~Heidem~~ Heidemann, David  
 STREET ADDRESS: 737 N. Clara Ave  
 CITY-ST-ZIP: Deland, FL 32720

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

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: Margaret A. Loving 4-4-2000 904-423-0476  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)