

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90158 044 ****61.25

DOCUMENT # 763909

1. Entity Name

BIG PINE COMMUNITY CARE, INC.

Principal Place of Business

Mailing Address

**1220 WILLIS AVENUE
 DAYTONA BEACH FL 32114-2810**

**1220 WILLIS AVENUE
 DAYTONA BEACH FL 32114-2810**

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

59-2201208

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

**WOODS, JUDSON I JR
 1020 INTERNATIONAL SPEEDWAY BLVD
 DAYTONA BEACH FL 32114**

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 **D** ☒ Delete
 NAME **CHAPPELL, LOIS**
 STREET ADDRESS **65 CROOKED PINE RD.**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

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

TITLE **D** ☒ Delete
 NAME **LAROSA, PETE**
 STREET ADDRESS **1825 WHIPPOORWILL LANE**
 CITY-ST-ZIP **DELAND FL 32720**

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

TITLE **PD** ☐ Delete
 NAME **BENEDICT, JOSEPH**
 STREET ADDRESS **P.O. BOX 10809**
 CITY-ST-ZIP **DAYTONA BEACH FL 32120**

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

TITLE **VD** ☐ Delete
 NAME **DIXON, JACK**
 STREET ADDRESS **269 WESTHAMPTON DR.**
 CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE **D** ☒ Delete
 NAME **KELLY, THOMAS**
 STREET ADDRESS **89 S ATLANTIC AVENUE #1004**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Change ☒ Addition
 NAME **CRANE, CHERYL**
 STREET ADDRESS **P.O. BOX 5176**
 CITY-ST-ZIP **ORMOND BEACH, FL 32175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **VAUGHEN, DANIEL**
 STREET ADDRESS **P.O. BOX 364**
 CITY-ST-ZIP **DELAND, FL 32721**

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 another like empowered.

SIGNATURE:

Jack H. Dixon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)