

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767310

1. Entity Name

FLORIDA ADULT DAY CARE ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90043 017 ****76.25

Principal Place of Business	Mailing Address
5714 NW 47TH ST GAINESVILLE FL 32653 US	5200 NW 43RD ST #102 PMB 310 GAINESVILLE FL 32606-4486 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 NW 43RD ST. Suite, Apt. #, etc. #102 PMB-310	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip 32606	Country USA

4. FEI Number	Applied For
59-2283155	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, KAREN 5714 NW 97TH ST GAINESVILLE FL 32653	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: Karen Warren
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. <input type="checkbox"/>	\$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																																																																																																																																																
<table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LECHER, CHRISTINE, President</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13650 DORNEYBROOKE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STONEYBROOKE CLEARWATER FL 33762</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRESTON, MARGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3661 S BABCOCK ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32901-8221</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AM</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WARREN, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5714 NW 97TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL 32653</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KIRKWOOD, DEBORAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2010 MIZELL AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32792</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHINDLER, ALICIA, Vice-President</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1008 NE 115TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEIDRICH, GENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2830</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL 32114</td> <td></td> </tr> </table>	TITLE	DP	<input type="checkbox"/> Delete	NAME	LECHER, CHRISTINE, President		STREET ADDRESS	13650 DORNEYBROOKE DR		CITY-ST-ZIP	STONEYBROOKE CLEARWATER FL 33762		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	PRESTON, MARGE		STREET ADDRESS	3661 S BABCOCK ST		CITY-ST-ZIP	MELBOURNE FL 32901-8221		TITLE	AM	<input checked="" type="checkbox"/> Delete	NAME	WARREN, KAREN		STREET ADDRESS	5714 NW 97TH ST		CITY-ST-ZIP	GAINESVILLE FL 32653		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	KIRKWOOD, DEBORAH		STREET ADDRESS	2010 MIZELL AVE		CITY-ST-ZIP	WINTER PARK FL 32792		TITLE	TD	<input type="checkbox"/> Delete	NAME	SCHINDLER, ALICIA, Vice-President		STREET ADDRESS	1008 NE 115TH ST		CITY-ST-ZIP	MIAMI FL 33161		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	HEIDRICH, GENE		STREET ADDRESS	PO BOX 2830		CITY-ST-ZIP	DAYTONA BEACH FL 32114		<table border="1"> <tr> <td>TITLE</td> <td>Kathy Karanitsas, Secretary</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PO Box 428</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NEW PORT RICHEY, FL 34652</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>FAYE EVANS, Treas.</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5877 Old Timuguan Rd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JACKSONVILLE FL 32210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Carole Kane</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4745 NW 7th St.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOYNTON BEACH, FL 33426</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Mark Cornett</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>800 Northpointe Pkwy. #101B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WPR, FL 33407</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Elaine Jensen</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>13650 Stoneybrooke Dr.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Clearwater, FL 33762</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Cindy Dixon</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5877 Old Timuguan Rd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Jax, FL 32210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Kathy Karanitsas, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	PO Box 428		STREET ADDRESS	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP			TITLE	FAYE EVANS, Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	5877 Old Timuguan Rd.		STREET ADDRESS	JACKSONVILLE FL 32210		CITY-ST-ZIP			TITLE	Carole Kane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	4745 NW 7th St.		STREET ADDRESS	BOYNTON BEACH, FL 33426		CITY-ST-ZIP			TITLE	Mark Cornett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	800 Northpointe Pkwy. #101B		STREET ADDRESS	WPR, FL 33407		CITY-ST-ZIP			TITLE	Elaine Jensen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	13650 Stoneybrooke Dr.		STREET ADDRESS	Clearwater, FL 33762		CITY-ST-ZIP			TITLE	Cindy Dixon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	5877 Old Timuguan Rd.		STREET ADDRESS	Jax, FL 32210		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete																																																																																																																																															
NAME	LECHER, CHRISTINE, President																																																																																																																																																
STREET ADDRESS	13650 DORNEYBROOKE DR																																																																																																																																																
CITY-ST-ZIP	STONEYBROOKE CLEARWATER FL 33762																																																																																																																																																
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	PRESTON, MARGE																																																																																																																																																
STREET ADDRESS	3661 S BABCOCK ST																																																																																																																																																
CITY-ST-ZIP	MELBOURNE FL 32901-8221																																																																																																																																																
TITLE	AM	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	WARREN, KAREN																																																																																																																																																
STREET ADDRESS	5714 NW 97TH ST																																																																																																																																																
CITY-ST-ZIP	GAINESVILLE FL 32653																																																																																																																																																
TITLE	SD	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	KIRKWOOD, DEBORAH																																																																																																																																																
STREET ADDRESS	2010 MIZELL AVE																																																																																																																																																
CITY-ST-ZIP	WINTER PARK FL 32792																																																																																																																																																
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																															
NAME	SCHINDLER, ALICIA, Vice-President																																																																																																																																																
STREET ADDRESS	1008 NE 115TH ST																																																																																																																																																
CITY-ST-ZIP	MIAMI FL 33161																																																																																																																																																
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	HEIDRICH, GENE																																																																																																																																																
STREET ADDRESS	PO BOX 2830																																																																																																																																																
CITY-ST-ZIP	DAYTONA BEACH FL 32114																																																																																																																																																
TITLE	Kathy Karanitsas, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	PO Box 428																																																																																																																																																
STREET ADDRESS	NEW PORT RICHEY, FL 34652																																																																																																																																																
CITY-ST-ZIP																																																																																																																																																	
TITLE	FAYE EVANS, Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	5877 Old Timuguan Rd.																																																																																																																																																
STREET ADDRESS	JACKSONVILLE FL 32210																																																																																																																																																
CITY-ST-ZIP																																																																																																																																																	
TITLE	Carole Kane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	4745 NW 7th St.																																																																																																																																																
STREET ADDRESS	BOYNTON BEACH, FL 33426																																																																																																																																																
CITY-ST-ZIP																																																																																																																																																	
TITLE	Mark Cornett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	800 Northpointe Pkwy. #101B																																																																																																																																																
STREET ADDRESS	WPR, FL 33407																																																																																																																																																
CITY-ST-ZIP																																																																																																																																																	
TITLE	Elaine Jensen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	13650 Stoneybrooke Dr.																																																																																																																																																
STREET ADDRESS	Clearwater, FL 33762																																																																																																																																																
CITY-ST-ZIP																																																																																																																																																	
TITLE	Cindy Dixon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
NAME	5877 Old Timuguan Rd.																																																																																																																																																
STREET ADDRESS	Jax, FL 32210																																																																																																																																																
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: management consultant 03/24/00 877-342-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/99)