

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90239 041 \*\*\*\*61.25

**DOCUMENT # 767310**

1. Entity Name

**FLORIDA ADULT DAY CARE ASSOCIATION, INC.**

Principal Place of Business

5200 NW 43RD ST  
 102 PMB-310  
 GAINESVILLE FL 32606  
 US

Mailing Address

5200 NW 43RD ST #102  
 PMB 310  
 GAINESVILLE FL 32606  
 US

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

**59-2283155**

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

**WARREN, KAREN**  
**5714 NW 97TH ST**  
**GAINESVILLE FL 32653**

Name

**DIXON, CINDY**

Street Address (P.O. Box Number is Not Acceptable)

**5877 OLD TIMQUANA RD.**

City

**JACKSONVILLE**

FL

Zip Code

**32210**

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

*Cindy B Dixon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-20-01**

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 **P** ☐ Delete  
 NAME **LECHER, CHRISTINE**  
 STREET ADDRESS **13650 STONEYBROOKE**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **T** ☐ Delete  
 NAME **EVANS, FAYE**  
 STREET ADDRESS **5877 OLD TIMQUANA RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **AM** ☐ Delete  
 NAME **LANCOO, CAROLE**  
 STREET ADDRESS **4745 NW 7TH**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **SD** ☐ Delete  
 NAME **CORNETT, MARK**  
 STREET ADDRESS **800 NORTHPOINT PKWY 101B**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **VP** ☐ Delete  
 NAME **SCHINDLER, ALICIA**  
 STREET ADDRESS **1008 NE 115TH ST**  
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **D** ☐ Delete  
 NAME **DIXON, CINDY**  
 STREET ADDRESS **13650 STONEYBROOK DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
 NAME **DIXON, CINDY**  
 STREET ADDRESS **5877 OLD TIMQUANA RD.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **VP/T** ☒ Change ☐ Addition  
 NAME **EVANS, FAYE**  
 STREET ADDRESS **9901 CISCO DR.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **SCHINDLER, ALICIA**  
 STREET ADDRESS **1008 NE 115TH ST.**  
 CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **SEC** ☒ Change ☐ Addition  
 NAME **SPRID, MARY**  
 STREET ADDRESS **2002 NW 36TH AVE.**  
 CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition  
 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:

*Cindy B Dixon*

**7/20/2001 (904) 771-1111**

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CP2E037 (5/01)