

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90137 029 ***150.00

DOCUMENT # H60673

1. Entity Name
CARE CONSULTANTS, INC.

Principal Place of Business

12092 WEKIWA CIR
PO BOX 1853
DUNNELLON FL 34432

Mailing Address

P O BOX 1853
DUNNELLON FL 34430-1853
US

2. Principal Place of Business

12106 Wekiwa Cir

3. Mailing Address

**P.O. BOX 1853
Dunnellon
FLORIDA**

City & State

Dunnellon, Fla

Zip

34432

Country

USA

Zip

34430-1853

Country

USA

4. FEI Number

59-2549742

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

**NASON, NORMA L
12092 WEKIWA CIR
P O BOX 1853
DUNNELLON FL 34432**

Name **NASON, NORMA L.**

Street Address (P.O. Box Number is Not Acceptable) **12106 WEKIWA CIRCLE**

City **Dunnellon**

FL

Zip Code **34432**

8. The above named person submits this statement to the effect of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Norma L. Nason PRESIDENT

03-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **NASON, NORMA L**
STREET ADDRESS **12092 WEKIWA CIR**
CITY-ST-ZIP **DUNNELLON FL 34432**

☐ Delete

TITLE **DP**
NAME **NASON, NORMA L**
STREET ADDRESS **12106 WEKIWA CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL. 34432**

☒ Change ☐ Addition

TITLE **V**
NAME **NASON, LAUREL A**
STREET ADDRESS **6818 CHAUCER LANE**
CITY-ST-ZIP **ORLANDO FL 32803**

☐ Delete

TITLE **Vice PRESIDENT**
NAME **NASON, LAUREL A**
STREET ADDRESS **8625 South Desert Rainbow Drive**
CITY-ST-ZIP **TUCSON, AZ. 85747**

☒ Change ☐ Addition

TITLE **V**
NAME **NASON, DARYL J**
STREET ADDRESS **9250 NO. LENNOX TERR**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

☐ Delete

TITLE ☐ Change ☐ Addition

TITLE **V**
NAME **NASON, ERIC A**
STREET ADDRESS **5490 JEANETTE AVE**
CITY-ST-ZIP **THEODORE AL 36582**

☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma L. Nason
NORMA L. NASON

President March 10, 2000

Date

Daytime Phone #

CFR 101.14 (9/99)