

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90494 006 \*\*\*150.00

**DOCUMENT # H60673**

1. Entity Name

**CARE CONSULTANTS, INC.**

Principal Place of Business

12091 WEKIANA CIR  
DUNNELION FL 34432  
US

Mailing Address

P O BOX 1853  
DUNNELION FL 34430-1853  
US

2. Principal Place of Business

**12106 WEKIWA CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Dunnellon, FLORIDA**

City & State

Zip

**34432**

Country

**U.S.A**

Country

4. FEI Number

**59-2549742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NASON, NORMA L**  
**12106 WEKIWA CIR**  
**DUNNELION FL 34432**

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE **DP** ☐ Delete  
NAME **NASON, NORMA L**  
STREET ADDRESS **12106 WEKIWA CIRCLE**  
CITY-ST-ZIP **DUNNELION FL 34432**

TITLE **V** ☐ Delete  
NAME **NASON, LAUREL A**  
STREET ADDRESS **8625 S DESERT RAINBOW DRIVE**  
CITY-ST-ZIP **TUCSON AZ 85747**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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, President*  
**NORMA L. NASON**

**03-10-01 (352) 489-2344**

Date

Daytime Phone #

CR2E034 (10/00)

0548944