

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68249

1. Entity Name

CHRISTIAN REST-CARE OF FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90049 034 ***158.75

Principal Place of Business

Mailing Address

% JAMES R. BERRY
4606 PIPKEN ROAD
LAKELAND FL 33811

% JAMES R. BERRY
4606 PIPKEN ROAD
LAKELAND FL 33811-1428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1236511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERRY, JAMES R
4608 S PIPKIN ROAD
LAKELAND FL 33811

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	BERRY, JAMES R	
STREET ADDRESS	4608 S PIPKIN RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARFIELD, BRENDA K	
STREET ADDRESS	608 E CHERRY ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VICE, WANDA	
STREET ADDRESS	P.O. BOX 7204 N/A	
CITY-ST-ZIP	TIFTON GA 31793	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda BARfield	
STREET ADDRESS	5755 Cherry Tree Drive	
CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE	V.P. Vice, Wanda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 7204	
STREET ADDRESS	Tifton, Ga. 31793	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. R. BERRY	
STREET ADDRESS	4608 S. Pipkin Rd.	
CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00

CR2E034 (9/99)