

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68249

1. Entity Name

CHRISTIAN REST-CARE OF FLORIDA, INC.

Principal Place of Business

% JAMES R. BERRY  
4606 PIPKEN ROAD  
LAKELAND FL 33811

Mailing Address

% JAMES R. BERRY  
4606 PIPKEN ROAD  
LAKELAND FL 33811

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

59-1236511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, JAMES R  
4608 S PIPKIN ROAD  
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name Brenda K. Barfield

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

5755 Cherry Tree Dr.

City Lakeland

FL

Zip Code 33811

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

Brenda K. Barfield, Administrator 3-12-01

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 ST ☐ Delete  
NAME BERRY, JAMES R  
STREET ADDRESS 4608 S PIPKIN RD  
CITY-ST-ZIP LAKELAND FL 33811

TITLE P ☐ Delete  
NAME BARFIELD, BRENDA K  
STREET ADDRESS 5755 CHERRY TREE DRIVE  
CITY-ST-ZIP LAKELAND FL 33811

TITLE V ☐ Delete  
NAME VICE, WANDA  
STREET ADDRESS P.O. BOX 7204 N/A  
CITY-ST-ZIP TIFTON GA 31793

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

863-646-3419

Daytime Phone #

0529005

CR2E034 (10/00)

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

03-14-2001 90472 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE