

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

0051069

DOCUMENT # N00000001817

1. Entity Name

PATHWAYS TO INDEPENDENCE, INC.

06-02-2001 90006 015 ****61.25

Principal Place of Business

Mailing Address

8749 CITATION DRIVE
 PALM BEACH GARDENS FL 33418

8749 CITATION DRIVE
 PALM BEACH GARDENS FL 33418

661037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1360 Northlake Blvd #106

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

FL

4. FEI Number

65-0992621

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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.

(NOT Registered Agent signature required when reinstating)

DATE

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

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 **PD** ☐ Delete
 NAME **HARRISON, MARION**
 STREET ADDRESS **8749 CITATION DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VD** ☐ Delete
 NAME **BUECHELE, SUE**
 STREET ADDRESS **8749 CITATION DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☒ Delete
 NAME **KELTY, JACKIE**
 STREET ADDRESS **8749 CITATION DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **TD** ☐ Delete
 NAME **PENNEY, JEANNE**
 STREET ADDRESS **8749 CITATION DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Delete
 NAME **CIARAMELLA, FRANK**
 STREET ADDRESS **8749 CITATION DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 NAME
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 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:

Sue Buechele

501-626-6611

CR2E037 (10/00)