2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
05-17-2001 90395 034 ****70.00

DOCUMENT # N00000005253

1. Entity Name

CAMPUS OF CARE INDEPENDENT LIVING FACILITY, INC.

Principal Place of Business	Mailing Address
3805 THE LROD'S WAY NAPLES FL 34104	3805 THE LROD'S WAY NAPLES FL 34104

: 75765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3805 The Lord's Way	3805 The Lord's Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34114 / Country	Zip: 34114 / Country

4. FEI Number — ☑ 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
GILMORE, RICARDO L 101 E KENNEDY BLVD, SUITE 3200 TAMPA FL 33602	Name: Mallory, J. David Street Address (P.O. Box Number is Not Acceptable): 3805 The Lord's Way City: Naples FL Zip Code: 34114

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: _____ 5/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MALLORY, J. DAVID STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: MALLORY, REBECCA STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD NAME: CASSETTY, ED STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: CONKLIN, BILL STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: HERNANDEZ, HERMES STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: JAMES, DOUG STREET ADDRESS: 3805 THE LROD'S WAY CITY-ST-ZIP: NAPLES FL 34104 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 5/01/2001 941-774-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #