

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90042 006 ****61.25

DOCUMENT # N00000005253

1. Entity Name
CAMPUS OF CARE INDEPENDENT LIVING FACILITY, INC.



Principal Place of Business

**3805 THE LROD'S WAY
NAPLES FL 34104**

Mailing Address

**3805 THE LROD'S WAY
NAPLES FL 34104**

2. Principal Place of Business

3805 The Lord's Way

Suite, Apt. #, etc.

3. Mailing Address

3805 The Lord's Way

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34114

Country

Collier

Zip

34114

Country

Collier

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MALLORY, DAVID J
3805 THE LORD'S WAY
NAPLES FL 34114**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MALLORY, J. DAVID**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VD** ☐ Delete
NAME **MALLORY, REBECCA**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **SD** ☐ Delete
NAME **CASSETTY, ED**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TD** ☐ Delete
NAME **CONKLIN, BILL**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, HERMES**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ Delete
NAME **JAMES, DOUG**
STREET ADDRESS **3805 THE LROD'S WAY**
CITY-ST-ZIP **NAPLES FL 34104**

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
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

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

CR2E037 (4/03)