

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/1.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91510 022 \*\*\*\*61.25

**DOCUMENT # N01000000405**

1. Entity Name

**CAREGIVERS EDUCATIONAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

**5353 SW COLLEGE ROAD  
OCALA FL 34474****5353 SW COLLEGE ROAD  
OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1068545**

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

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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMETT, J RANDALL</b>	
STREET ADDRESS	<b>5353 SW COLLEGE ROAD</b>	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMETT, CYNTHIA L</b>	
STREET ADDRESS	<b>5353 SW COLLEGE ROAD</b>	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, CRAIG T</b>	
STREET ADDRESS	<b>2081 NE 40TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, LYNN M</b>	
STREET ADDRESS	<b>2081 NE 40TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YEAGER, ROBERT V</b>	
STREET ADDRESS	<b>2328 NE 19TH CIR</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ODOM, DANNY R</b>	
STREET ADDRESS	<b>1909 NE 52ND STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-02**

Date

**352-861-2000**

Daytime Phone #

CF2E037 (9/01)