

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90128 006 \*\*\*\*61.25

**DOCUMENT # NO1000000405**

1. Entity Name

**CAREGIVERS EDUCATIONAL SOCIETY, INC.**



Principal Place of Business

5353 SW COLLEGE ROAD  
OCALA FL 34474

Mailing Address

5353 SW COLLEGE ROAD  
OCALA FL 34474

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 **65-1068545**

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

**HAMMETT, J RANDALL**  
**5353 SW COLLEGE ROAD**  
**OCALA FL 34474**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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	<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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, CRAIG T</b>	
STREET ADDRESS	<b>2061 NE 40TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, LYNN M</b>	
STREET ADDRESS	<b>2061 NE 40TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YEAGER, ROBERT V</b>	
STREET ADDRESS	<b>2326 NE 19TH CIR</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *J. Hammett*

1-21-03 1-352-861-2000

CR2E037 (10/02)