

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90070 014 \*\*\*\*61.25

DOCUMENT # N01000000893

1. Entity Name  
**MAJESTIC ISLES WE CARE, INC.**



Principal Place of Business  
**5762 EMERALD CAY TERRACE  
BOYNTON BEACH FL 33437**

Mailing Address  
**5762 EMERALD CAY TERRACE  
BOYNTON BEACH FL 33437**

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 **65-1078112**

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

7. Name and Address of New Registered Agent

**SNYDER, STAN**  
**5762 EMERALD CAY TERRACE**  
**BOYNTON BEACH FL 33437**

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

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 **DP** ☐ Delete  
NAME **SNYDER, STAN**  
STREET ADDRESS **5762 EMERALD CAY TERR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437** "D"

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **BAROU, JOAU**  
STREET ADDRESS **10869 ROYAL CARIBBEAN CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437** "T"

TITLE ☐ Change ☐ Addition  
NAME **BARON, JOAN**  
STREET ADDRESS **10869 ROYAL CARIBBEAN**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DT** ☐ Delete  
NAME **STICKEL, REUEC**  
STREET ADDRESS **5758 GRAND HARBOR CIR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437** "T"

TITLE ☐ Change ☐ Addition  
NAME **STICKEL, RENEE**  
STREET ADDRESS **5758 GRAND HARBOR CIR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **TS** ☐ Delete  
NAME **SNYDER, ESTELLE**  
STREET ADDRESS **5762 EMERALD CAY TERR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437** "T"

TITLE ☐ Change ☐ Addition  
NAME **SNYDER, ESTELLE**  
STREET ADDRESS **5762 EMERALD CAY TERR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**561-733-2168**  
Daytime Phone #

CR2E037 (10/02)