

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 006 ****61.25

DOCUMENT # N01000005607

1. Entity Name

WINDSOR MANOR CHILDREN'S HOME, INC.

Principal Place of Business

**1403 SOUTH WIGGINS ROAD
 PLANT CITY FL 33566**

Mailing Address

**1403 SOUTH WIGGINS ROAD
 PLANT CITY FL 33566**

2. Principal Place of Business

3. Mailing Address

PARMASHWARIE AZOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2204 Village Park Rd #203

City & State

City & State

Plant City, FL

4. FEI Number

59-3743836

Applied For

Not Applicable

Zip

Country

Zip

Country

33563

Hillborough

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

**CARREJA, MINDY L ESQ.
 220 SOUTH FRANKLIN STREET
 TAMPA FL 33602**

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

**After September 13, 2002,
 min. will be \$236.25.**

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 **D** ☐ Delete
 NAME **AZOR, PARMASHWARIE**
 STREET ADDRESS **1403 SOUTH WIGGINS ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☒ Change ☐ Addition
 NAME **2204 Village Park Rd, #203**
 STREET ADDRESS **Plant City, FL 33563**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MILLER, SHIRLEY**
 STREET ADDRESS **1403 SOUTH WIGGINS ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☒ Change ☐ Addition
 NAME **9412 Rock Rose Dr**
 STREET ADDRESS **TAMPA, FL 33647**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **AZOR, FELDER**
 STREET ADDRESS **1403 SOUTH WIGGINS ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☒ Change ☐ Addition
 NAME **2204 Village Park Rd # 203**
 STREET ADDRESS **Plant City, FL 33563**
 CITY-ST-ZIP

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
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 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:

PARMASHWARIE AZOR

PARMASHWARIE AZOR

813 604 0068

CR2E037 (4/02)