

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90033 042 *****70.00

DOCUMENT # N03395

1. Entity Name

CHARLEE FAMILY CARE SERVICES OF CENTRAL FLORIDA,

Principal Place of Business

**11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817
US**

Mailing Address

**11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817
US**

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

59-2453833

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

**WARNER, JOHNNIE MAE
11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DST			<input checked="" type="checkbox"/> Delete
	SMITH, RANDALL			
	200 NORTH THORNTON AVE			
	ORLANDO FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DST			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PRYOR, CHRISTY			
	644 Raymond Avenue			
	Altamonte Springs, FL. 32701			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete
	LOFFERT, ALLAN			
	12150 RESEARCH PARKWAY			
	ORLANDO FL 32826			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	CD			<input type="checkbox"/> Delete
	WARNER, JONNIE MAE			
	11875 HIGH TECH AVE			
	ORLANDO FL			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			<input type="checkbox"/> Delete
	SHEPPARD, CYRIL			
	1538 TRUMBULL STREET			
	KISSIMEE FL 34744			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input checked="" type="checkbox"/> Delete
	WRIGHT, SHARON			
	5162 TELLSONN PLACE			
	ORLANDO FL 32812			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete
	BANISTER, DEB			
	2121 CAMDEN RD			
	ORLANDO FL			

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

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

Date

Daytime Phone #

2/23/01

407-273-8444

CR2E037 (10/00)