

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90431 047 ****70.00

DOCUMENT # N03395

1. Entity Name

**CHARLEE FAMILY CARE SERVICES OF CENTRAL FLORIDA,
INC.**



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

**SHEPPARD, CYRIL
11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DST	PRYOR, CHRISTY	644 RAYMOND AVENUE	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
D	LOFFERT, ALLAN	12150 RESEARCH PARKWAY	ORLANDO FL 32826	<input type="checkbox"/>
CD	WARNER, JONNIE MAE	11875 HIGH TECH AVE	ORLANDO FL	<input type="checkbox"/>
DP	SHEPPARD, CYRIL	1538 TRUMBULL STREET	KISSIMMEE FL 34744	<input type="checkbox"/>
D	CHATMAN, JULIA	2400 WEST 33RD ST.	ORLANDO FL 32839	<input type="checkbox"/>
D	GAGLIARDI, GREG	2601 DIAMOND CLUB DR.	CLERMONT FL 34711	<input type="checkbox"/>

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

CR2E037 (10/02)

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

407-273-8444