

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19339

1. Entity Name

WE CARE OF CAMELOT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90119 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6610 MOONLIT DRIVE  
GROUND LEVEL  
DELRAY BEACH FL 33446  
US

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446-1612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2753828

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUKZIN, JACK  
14784 WILDFLOWER LANE  
DELRAY BEACH FL 33446

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 ☐ Delete

NAME D  
STREET ADDRESS GRUBER, ABRAHAM  
CITY-ST-ZIP 14810 WILDFLOWER LANE  
DELRAY BEACH FL 33446

TITLE ☐ Delete

NAME V  
STREET ADDRESS RATNER, DORIS  
CITY-ST-ZIP 6802 MOONLIT DRIVE  
DELRAY BCH FL

TITLE ☐ Delete

NAME DS  
STREET ADDRESS SHACK, MOLLIE  
CITY-ST-ZIP 14778 WILDFLOWER LN  
DELRAY BEACH FL

TITLE ☐ Delete

NAME P  
STREET ADDRESS BUKZIN, JACK  
CITY-ST-ZIP 14784 WILDFLOWER LANE  
DELRAY BEACH FL

TITLE ☐ Delete

NAME T  
STREET ADDRESS GRUBER, PEARL  
CITY-ST-ZIP 14810 WILDFLOWER LANE  
DELRAY BEACH FL 33446

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: PEARL GRUBER 4/17/00 561-499-5733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)