

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90184 034 \*\*\*\*61.25

**DOCUMENT # N30806**

1. Entity Name

**QUALITY CARE ADVOCATES, INC.**

Principal Place of Business

**575 NW FENTON AVE  
PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 2213  
PORT CHARLOTTE FL 33949**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. BOX 494224**

Suite, Apt. #, etc.

City & State

**Port charlotte, FL**

Zip

**33949-4224**

Country

**charlotte**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0194891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**POUNDS, LINDA  
575 NW FENTON AVE  
PORT CHARLOTTE FL 33952**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD POUNDS, LINDA 575 NW FENTON AVE PT CHARLOTTE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALTERS, ROSEMARIE 21000 MIDWAY PT CHARLOTTE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCHUBERT, ANN 21269 COVINGTON PORT CHARLOTTE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PACCIONE, GRETCHEN 1793 BOCA RATON CT PUNTA GORDA FL 33950</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME PERSON TREASURER/PROTECT DIRECTOR SAME ADDRESS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director Schubert, Ann 2509 Rio de Janeiro Punta Gorda, FL 33983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director Walters, Rosemarie 23279 Hamlin Ave Port Charlotte, FL 33980</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec./Director Steve Sestilio 4017 S. Tamiami Trail Port Charlotte, FL 33952</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Burton Ross 2605 Tamiami Trail Suite 10 Port Charlotte, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Bev Aker 25325 Rampart Blvd Port Charlotte, FL 33983</b>	<input type="checkbox"/> Change <input checked="" 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 #

**01/18/02 941-743-0987**

CR2E037 (9/01)