2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90202 035 ****61.25

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DOCUMENT # N39539

1. Entity Name

CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, I

Principal Place of Business	Mailing Address
9474 NAVARRE PKWY. NAVARRE FL 32566	1129 WILLOWOOD CIRCLE GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9474 NAVARRE PKWY Suite, Apt. #, etc.
City & State	City & State: NAVARRE, FL
Zip / Country	Zip: 32566 / Country: SANTA ROSA

4. FEI Number: 59-3025811 ☐ 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
BERTI, JOHN 1129 WILLOWOOD CIRCLE GULF BREEZE FL 32561	Name: LOIS L. HARRIS Street Address (P.O. Box Number is Not Acceptable): 1120 WILLOWOOD CIRCLE City: GULF BREEZE FL Zip Code: 32561

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: Lois L. Harris 3/27/01
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	P SANDLER, NANCY 1905 WILLIAMS CREEK DR NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOLARI, JOHN 8211 RIVERSIDE LANDING LANE NAVARRE FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOBBI HAYCOX 1328 GREEN VISTA LANE GULF BREEZE FL 32561	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERTI, JOHN 1110 PARK LANE GULF BREEZE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1129 WILLOWOOD CIRCLE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY NATALIE ROGERS 4030 SOUND POINTE DR. GULF BREEZE, FL 32561	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAL, JOAN 1297 GREEN VISTA LANE GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JANE NOLAN 3137 LAUREL DR. GULF BREEZE, FL 32561	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT NAT HARRIS 1120 WILLOWOOD CIRCLE GULF BREEZE, FL 32561	☐ Change ☑ Addition

CR2E037 (10/00)

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: Nat Harris SIGNATURE REQUIRED NAT HARRIS 3/27/2001 850-916-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #