

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N41574

1. Entity Name

CASE MANAGEMENT SOCIETY OF FLORIDA, INC.



**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90130 037 \*\*\*\*61.25

Principal Place of Business

8362 PINES BLVD #184  
 PEMBROKE PINES FL 33024  
 US

Mailing Address

8362 PINES BLVD #184  
 PEMBROKE PINES FL 33024-6800  
 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

59-3024529

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

LOGAN, RICKI S  
 8362 PINES BLVD  
 184  
 PEMBROKE PINES FL 3324

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

Ricki S. Logan

3/14/00

Signature, typed or printed name of registered agent and title (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	P	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JILL	
STREET ADDRESS	900 BOWLINE DR	
CITY-ST-ZIP	VERO BCH FL 32983	
TITLE	DPE	<input type="checkbox"/> Delete
NAME	MILLER, DIANNE	
STREET ADDRESS	10062 HUNTINGTRON FOREST BLVD	
CITY-ST-ZIP	JAX FL 32257	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SOLOMON, VIKI	
STREET ADDRESS	5722 S FLAMINGO RD, STE 132	
CITY-ST-ZIP	FT LAUD. FL 3333	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LLEWELLYN, ANN	
STREET ADDRESS	1876 N.W. 97 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Dianne	
STREET ADDRESS	10062 Huntington Forest Blvd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stover, Betty	
STREET ADDRESS	9000 N. Hills Dr. Apt 24	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pascal Magda	
STREET ADDRESS	300 S.W. 7th Ave, Suite 2	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dianne Miller

Date

Daytime Phone #

CR2E037 (9/99)