

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747517**

1. Entity Name
CENTRAL HEALTHY START, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90020 046 ****61.25

Principal Place of Business Mailing Address
18 N.W. 33RD COURT 18 N.W. 33RD COURT
GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

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 **59-3119439** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAROL J. GORMLEY
11 W. UNIVERSITY AVE., #7
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name EDITH M. ORSINI
Street Address (P.O. Box Number is Not Acceptable)
18 N.W. 33RD COURT
City GAINESVILLE FL Zip Code 32607

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.

EDITH M. ORSINI
EXECUTIVE DIRECTOR

02/25/00

SIGNATURE *Edith M. Orsini*
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME KNIPP, ALAN ☒ Delete
STREET ADDRESS 8000 SPRING DRIVE
CITY-ST-ZIP YALAH, FL

TITLE PD
NAME HILL-THALL, ALLISON ☒ Delete
STREET ADDRESS 600 E. DIXIE AVENUE
CITY-ST-ZIP LEESBURG, FL

TITLE SD
NAME DICK, JANET ☒ Delete
STREET ADDRESS 300 S. MAIN STREET
CITY-ST-ZIP BROOKSVILLE, FL

TITLE TD
NAME DIXON, LAURA ☒ Delete
STREET ADDRESS 502 HIGHLAND BLVD
CITY-ST-ZIP INVERNESS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME NAYFIELD, MARYBETH
STREET ADDRESS 3700 W. SOVEREIGN PATH
CITY-ST-ZIP LECANTO, FL

TITLE VD ☐ Change ☒ Addition
NAME COULSON, MYRNA
STREET ADDRESS 416 W MAIN STREET
CITY-ST-ZIP TAVARES, FL

TITLE SD ☐ Change ☒ Addition
NAME PELLETIER, BETTEANN
STREET ADDRESS 10461 QUALITY DRIVE
CITY-ST-ZIP SPRING HILL, FL

TITLE TD ☐ Change ☒ Addition
NAME KNIGHT, PAULA
STREET ADDRESS 1489 SOUTH US 301
CITY-ST-ZIP SUMTERVILLE, FL

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: *Maureen J. Taylor*

02/25/00

352/955-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)