

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51339

1. Entity Name

BAY AREA CONTINUITY OF CARE ASSOCIATION, INC.

Principal Place of Business

790 OAKWOOD DRIVE
LARGO FL 34698
US

Mailing Address

790 OAKWOOD DRIVE
DUNEDIN FL 34698-7231
US

2. Principal Place of Business

790 OAKWOOD Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Zip

34698

Country

US

Zip

Country

4. FEI Number

59-3153650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRI, RAYMOND L.
1217 PONCE DE LEON BLVD.
CLEARWATER FL 34616-1285

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 PD
NAME HUDSON-SOMMERS, PATRICIA L
STREET ADDRESS 790 OAKWOOD DRIVE
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE VD
NAME DESLANDES, CHRIS
STREET ADDRESS 6032 3RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete

TITLE SD
NAME NEMITZ, JAN
STREET ADDRESS 5631 1ST ST NE
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Delete

TITLE TD
NAME NEMITZ, JAN
STREET ADDRESS 5631 1ST ST NE
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Delete

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME JAN WHITE
STREET ADDRESS 6017 18th ST NE
CITY-ST-ZIP ST. Petersburg FL 33703

TITLE ☒ Change ☐ Addition
NAME JAN WHITE
STREET ADDRESS 6017 18th ST NE
CITY-ST-ZIP ST. Petersburg, FL 33703

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: Patricia L Hudson-Sommers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0410200

Date

7277381030

Daytime Phone #

CR2E037 (9/99)