

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002359

FILED  
Sep 01, 2003  
Secretary of State

Entity Name: THE CENTER FOR CARING AND COMPETENT FAMILIES, INC.

**Current Principal Place of Business:**

2424 W. TAMPA BAY BLVD #F-203  
TAMPA, FL 33607

**New Principal Place of Business:**

3113 W RIO VISTA AVE  
TAMPA, FL 33614 US

**Current Mailing Address:**

2424 W. TAMPA BAY BLVD #F-203  
TAMPA, FL 33607

**New Mailing Address:**

3113 W RIO VISTA AVE  
TAMPA, FL 33614 US

FEI Number: 59-3193705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COULTER, MARTHA L  
2424 W. TAMPA BAY BLVD.  
#F-203  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

COULTER, MARTHA L  
3113 W RIO VISTA AVE  
TAMPA, FL 33614 US

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:

09/01/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PMD ( ) Delete  
Name: COULTER, MARTHA  
Address: 2424 W. TAMPA BAY BLVD #F-203  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: GULITZ, GORDON  
Address: 9212 PEBBLE CREEK DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: BYERS, ROBERT  
Address: 4016 83RD ST N  
City-St-Zip: ST PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PMD (X) Change ( ) Addition  
Name: COULTER, MARTHA L  
Address: 3113 W RIO VISTA AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA L. COULTER

PMD

09/01/2003

Electronic Signature of Signing Officer or Director

Date