

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR -2 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000886

1. Entity Name

CARE TO SHARE, INC.

Principal Place of Business

401 DISSTON AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

811 S. DISSTON AVENUE  
TARPON SPRINGS FL 34689-4509

2. Principal Place of Business

811 S. Disston Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

US

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN, JAMES B  
811 SOUTH DISSTON AVENUE  
TARPON SPRINGS FL 34689

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 CPD ☐ Delete  
NAME WARREN, JAMES B  
STREET ADDRESS 811 SOUTH DISSTON AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Delete  
NAME BROWN, GEORGE H  
STREET ADDRESS 6677 AUGUSTA BLVD.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE D ☐ Delete  
NAME HOURDAS, LINDA  
STREET ADDRESS 104 WHITCOMB BLVD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☒ Delete  
NAME COCHRAN, BILL  
STREET ADDRESS 501 S. PINELLAS AVE.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☒ Delete  
NAME CRAWFORD-ALBERTY, GEORGIA  
STREET ADDRESS 709 S. DISSTON AVE.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VD ☐ Delete  
NAME DUBERSTEIN, KETURAH  
STREET ADDRESS 416 N. DISSTON AVE.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003161038--1  
CITY-ST-ZIP --03/07/00--01094--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1/10/00

Date

(727)943-2087

Daytime Phone #

CR2E037 (9/99)