

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003202

1. Entity Name

CENTRAL FLORIDA GUARDIANSHIPS & CASE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4444 U.S. HWY. 98 N. #339
LAKELAND FL 33809-0442

4444 U.S. HWY. 98 N. #339
LAKELAND FL 33809-0442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Polk

4. FEI Number

59-3333233

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FAIRHURST, PAT

~~4926 MELISSA LANE~~

~~LAKELAND FL 33813~~

see new address
below

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

Pat Fairhurst

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-00

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 PD
NAME FAIRHURST, PAT
STREET ADDRESS ~~4926 MELISSA LANE~~
CITY-ST-ZIP ~~LAKELAND FL 33813-2027~~

☐ Delete

TITLE VTD
NAME FAIRHURST, TOM
STREET ADDRESS ~~4926 MELISSA LANE~~
CITY-ST-ZIP ~~LAKELAND FL 33813-2027~~

☐ Delete

TITLE SD
NAME SHEPPARD, CAROLYN
STREET ADDRESS ~~4926 MELISSA LANE~~
CITY-ST-ZIP ~~LAKELAND FL 33813-2027~~

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 4444 U.S. Hwy. 98 N. #339
CITY-ST-ZIP Lakeland, FL 33809-0442

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pat Fairhurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-00 (863) 859-0791

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90030 013 ****61.25



DO NOT WRITE IN THIS SPACE