

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**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

*Polk*

Zip

Country

4. FEI Number

**59-3333233**

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

7. Name and Address of New Registered Agent

~~FAIRHURST, PAT~~  
~~4926 MELISSA LANE~~  
~~LAKELAND FL 33813~~

*see new address below*

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

*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	<input type="checkbox"/> Delete
NAME	FAIRHURST, PAT	
STREET ADDRESS	<del>4926 MELISSA LANE</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33813-2027</del>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FAIRHURST, TOM	
STREET ADDRESS	<del>4926 MELISSA LANE</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33813-2027</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEPPARD, CAROLYN	
STREET ADDRESS	<del>4926 MELISSA LANE</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33813-2027</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	4444 U.S. Hwy. 98 N. #339	
CITY-ST-ZIP	Lakeland, FL 33809-0442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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*