

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004623

1. Entity Name

CHRISTIAN ASSOCIATION OF MONITORED ENTERPRISES R

Principal Place of Business

Mailing Address

6860 GULFPORT BLVD SO
STE 800
SO PASADENA FL 33707
US

6860 GULFPORT BLVD SO
STE 800
SO PASADENA FL 33707-2108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445859

Applied For

Not Applicable

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

SMILEY, W. MCKINLEY JR.
4905 34TH STREET SOUTH
SUITE 5900
ST. PETERSBURG FL 33711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SMILEY, W. MCKINLEY JR.
STREET ADDRESS 4905 34TH STREET SOUTH SUITE 5900
CITY-ST-ZIP SARASOTA FL 33711

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

TITLE D ☐ Delete
NAME NAMACK, WILLIAM A III
STREET ADDRESS 1800 2ND STREET SUITE 855
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE D ☐ Delete
NAME ADAMS, SUSAN K
STREET ADDRESS 2775 KIPPS COLONY DRIVE SOUTH, #103
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6287 Bahia Del Mar Circle #1201
CITY-ST-ZIP St. Petersburg, FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

727-866-8746
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE