

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004623

1. Entity Name

CHRISTIAN ASSOCIATION OF MONITORED ENTERPRISES R

Principal Place of Business

6860 GULFPORT BLVD SO
STE 800
SO PASADENA FL 33707
US

Mailing Address

6860 GULFPORT BLVD SO
STE 800
SO PASADENA FL 33707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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	D	<input type="checkbox"/> Delete
NAME	SMILEY, W. MCKINLEY JR.	
STREET ADDRESS	4905 34TH STREET SOUTH SUITE 5900	
CITY-ST-ZIP	SARASOTA FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAMACK, WILLIAM A III	
STREET ADDRESS	1800 2ND STREET SUITE 855	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, SUSAN K	
STREET ADDRESS	6287 BAHIA DEL MAR CIRCLE #1201	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

(W.M. Smiley JR)

04/25/01 (727) 866-8746

Date

Daytime Phone *

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90966 022 *****61.25



DO NOT WRITE IN THIS SPACE

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