

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90135 049 \*\*\*\*61.25

**DOCUMENT # N95000005077**

1. Entity Name

**FLORIDA GERIATRIC CARE MANAGERS ASSOCIATION, INC**



Principal Place of Business

**9715 W. BROWARD BLVD.  
#206  
PLANTATION FL 33324**

Mailing Address

**9715 W. BROWARD BLVD.  
#206  
PLANTATION FL 33324**

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 **65-0400174**

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

**RILEY-BAKER, BARBARA  
2350 HARRISON DR.  
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HIGGINS, MARYANN**  
STREET ADDRESS **503 TAMIAHI TRAIL S #106**  
CITY-ST-ZIP **VENICE FL 34285**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Liz Barlowe**  
STREET ADDRESS **P.O. Box 158**  
CITY-ST-ZIP **Clearwater, FL 33757**

TITLE **P** ☒ Delete  
NAME **PROEGER, CHARLENE**  
STREET ADDRESS **9715 W. BROWARD BLVD., #206**  
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **VPD** ☐ Delete  
NAME **YARNOLD, MARK S**  
STREET ADDRESS **1550 NE MIAMI GARDENS DR. #507**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

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

TITLE **TD** ☐ Delete  
NAME **RILEY-BAKER, BARBARA**  
STREET ADDRESS **P.O. BOX 2607**  
CITY-ST-ZIP **DUNEDIN FL 34697**

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

TITLE **S** ☐ Delete  
NAME **BARFIELD, DEBORAH**  
STREET ADDRESS **9715 W BROWARD BLVD SUITE 206**  
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **SD** ☐ Delete  
NAME **LEBOUCH, MARK (Lebovich)**  
STREET ADDRESS **2200 N FEDERAL HIGHWAY STE#202**  
CITY-ST-ZIP **BOCA RATON FL 33431-2305**

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: **Barbara Baker**

**4-15-03**

**727-736-8231**

CR2E037 (10/02)