

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 017 ****61.25

DOCUMENT # N96000001363

1. Entity Name

CENTRAL FLORIDA CASE MANAGEMENT, INC.

Principal Place of Business

8362 PINES BLVD #184
PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD #184
PEMBROKE PINES FL 33024-6600

2. Principal Place of Business

274 Wilshire Blvd

Suite, Apt. #, etc.

Suite 224

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Address

274 Wilshire Blvd

Suite, Apt. #, etc.

Suite 224

City & State

Casselberry, FL

Zip

32707

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0649944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, RICKI S
8362 PINES BLVD
184
PEMBROKE PINES FL 3324

7. Name and Address of New Registered Agent

Name

Susan Gregory

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

274 Wilshire Blvd, Suite 224

City

Casselberry

FL

Zip Code

32707

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 file 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, SHERRY 2055 IPSDEN DR ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLÖDER, LISA 16012 FOURLAKES LN MONTVERDE FL 17	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, CHERYL L 817 HASTINGS DR KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/ D Susan Gregory 274 Wilshire Blvd, Suite 224 Casselberry, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Douglas Nicholl 867 Royalwood Lane Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 RE(Susan) Gregory

2/21/00

407-834-3553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)