

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90069 016 \*\*\*\*70.00

**DOCUMENT # N97000003013**

1. Entity Name

**THE CARPENTER'S HOUSE FOR CHILDREN, INC.**

Principal Place of Business

**35625 CYPRESS HAVEN WAY  
 LEESBURG FL 34788**

Mailing Address

**P.O. BOX 417  
 EUSTIS FL 32727**

2. Principal Place of Business

3. Mailing Address

*Same as above*  
 Suite, Apt. #, etc.

*Same as above*  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**MANFREDI, PATRICK A  
 35625 CYPRESS HAVEN WAY  
 LEESBURG FL 34788**

Name

*Same as block 6*

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.

*Patrick A. Manfredi - Patrick A. Manfredi 3-19-01*

(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	<input type="checkbox"/> Delete
NAME	MANFREDI, PAT	
STREET ADDRESS	35625 CYPRESS HAVEN WAY	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	PT	<input type="checkbox"/> Delete
NAME	RIGBY, ART	
STREET ADDRESS	3820 YOTHERS ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, RICHARD	
STREET ADDRESS	36706 RAMBLEWOOD LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIGBY, CRYSTAL	
STREET ADDRESS	3820 YOTHERS ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLENN, CARLENE	
STREET ADDRESS	1202 LAKE SHORE BOULEVARD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANFREDI, LINDA	
STREET ADDRESS	35625 CYPRESS HAVEN WAY	
CITY-ST-ZIP	LEESBURG FL 34788	

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	
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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:** *Patrick A. Manfredi* **REQUIRED** *Patrick A. Manfredi 3-19-01 352-346-2699*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)