

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003286

1. Entity Name

CARING FRIENDS FOR SENIORS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90092 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

103400 OVERSEAS HWY  
STE 203  
KEY LARGO FL 33037

PO BOX 1263  
KEY LARGO FL 33037-1263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL  
33037 USA

Key Largo FL  
33037 USA

4. FEI Number

65-0762418

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

FIKE, BARBARA  
854 FIRST LANE  
KEY LARGO FL 33037

Name: Barbara Fike  
Street Address (P.O. Box Number is Not Acceptable):  
1166 Corrine Place  
City: Key Largo FL Zip Code: 33037

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: PSM ☐ Delete  
NAME: FIKE, BARBARA  
STREET ADDRESS: P.O. BOX 1263 N/A  
CITY-ST-ZIP: KEY LARGO FL 33037

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

TITLE: VT ☒ Delete  
NAME: FIKE, MARK W  
STREET ADDRESS: P.O. BOX 1263 N/A  
CITY-ST-ZIP: KEY LARGO FL 33037

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

TITLE: D ☐ Delete  
NAME: BUNCE, WANDA  
STREET ADDRESS: 404 BROWNTOWN ROAD  
CITY-ST-ZIP: CHATTANOOGA TN 37415

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

TITLE: D ☐ Delete  
NAME: BOYERS, WENDY  
STREET ADDRESS: 1904 S. BROADWAY  
CITY-ST-ZIP: LEAVENWORTH KS 66048

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

TITLE: D ☒ Delete  
NAME: STIRLING, JENNY  
STREET ADDRESS: 2412 ALABAMA STREET  
CITY-ST-ZIP: LAWRENCE KS 66046

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

TITLE: ☐ Delete  
NAME: Elsie Ruiz  
STREET ADDRESS: Key Largo FL  
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition  
NAME: Elsie Ruiz  
STREET ADDRESS: 449 Bahia Avenue  
CITY-ST-ZIP: Key Largo FL 33037

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

Date

Daytime Phone #

11/7/2000 305-453-1166