

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006309

1. Entity Name

KIDNEY KIDS OF CENTRAL FLORIDA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90100 039 ****61.25

Principal Place of Business

Mailing Address

423 ALSTON DRIVE
ORLANDO FL 32835

PO BOX 450984
KISSIMMEE FL 34745-0984
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5342 Falling Water Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32818

Country

Orange

Zip

Country

4. FEI Number

59-3479851

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

DOYLE BOEHM, DELIA
5 SPRINGWOOD TRAIL
ORMOND BEACH FL 32174

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BUSLOVICH, LINDA ☒ Delete
STREET ADDRESS 423 ALTON DRIVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE P/D
NAME Rathmann, Michele ☒ Change ☐ Addition
STREET ADDRESS 5342 Falling Water Dr.
CITY-ST-ZIP Orlando, FL 32818

TITLE SD
NAME WOOLERY, FAYE ☐ Delete
STREET ADDRESS 329 BLUE BAYOU DR.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE V/D/RA
NAME Doyle Boehm, Delia ☐ Change ☒ Addition
STREET ADDRESS 5 Springwood Trail
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE TD
NAME WOOLERY, PAUL ☒ Delete
STREET ADDRESS 329 BLUE BAYOU DR.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE V/D
NAME Vargas, Jeanette ☒ Change ☐ Addition
STREET ADDRESS 512 Cedar Bend Circle Apt 102
CITY-ST-ZIP Orlando, FL 32852

TITLE VD
NAME RODRIGUEZ, JEANETTE ☒ Delete
STREET ADDRESS 512 CEDAR BEND CIRCLE APT 102
CITY-ST-ZIP ORLANDO FL 32852

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

TITLE VD
NAME RATHMANN, MICHELE ☐ Delete
STREET ADDRESS 5342 FALLING WATER DR
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

PAUL WOOLERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2000 (407)348-7492

Date

Daytime Phone #

CR2E037 (9/99)