

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90146 019 ****61.25

DOCUMENT # N97000006309

1. Entity Name

KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**5342 FALLING WATER DR
 ORLANDO FL 32818**

Mailing Address

**PO BOX 450984
 KISSIMMEE FL 34745-0984
 US**

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

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

TITLE ☒ Change ☒ Addition
 NAME **VD Vargass, Jeanette R**
 STREET ADDRESS **12073 Fountainbrook Boulevard, #1402**
 CITY-ST-ZIP **Orlando, FL 32825**

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

TITLE ☒ Change ☐ Addition
 NAME **RA BOehm, belia D.**
 STREET ADDRESS **5 Springwood Trail**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE ☐ Change ☒ Addition
 NAME **VD Hartmann, Linda**
 STREET ADDRESS **868 Gregory Lane**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

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

TITLE ☐ Change ☒ Addition
 NAME **CLD Nickerson, Lesa**
 STREET ADDRESS **323 Little Aspen Court**
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE ☐ Delete
 NAME **VDRA BOHEN, DELIA D**
 STREET ADDRESS **5 SPRINGWOOD TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☒ Addition
 NAME **FCD Whitaker, Melissa**
 STREET ADDRESS **12415 Bruce Hunt Road**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Paul Woolery (Paul Woolery) 1-19-02 (407)348-7492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)