

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90110 020 ****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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE C/L/D ☐ Change ☒ Addition
NAME Lesa Nickerson
STREET ADDRESS 323 Little Aspen Court
CITY-ST-ZIP Ocoee, FL 34761

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

TITLE F/D ☐ Change ☒ Addition
NAME Patrick Brinson
STREET ADDRESS 1627 West 24th Street
CITY-ST-ZIP Orlando, FL 32805

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

TITLE A/F/D ☐ Change ☒ Addition
NAME Linda Fullerton
STREET ADDRESS 24936 Lester Way
CITY-ST-ZIP Eustis, FL 32736

TITLE VD ☐ Delete
NAME VARGAS, JEANETTE R
STREET ADDRESS 12073 FOUNTAINBROOK BLVD., #1402
CITY-ST-ZIP ORLANDO FL 32852

TITLE M/D ☐ Change ☒ Addition
NAME Britt Moran
STREET ADDRESS 10501 Satinwood Circle
CITY-ST-ZIP Orlando, FL 32825

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

TITLE A/M/D ☐ Change ☒ Addition
NAME Linda Harp
STREET ADDRESS 3803 Arrow Smith Drive
CITY-ST-ZIP COCOA, FL 32926

TITLE VD ☐ Delete
NAME HARTMAN, LINDA
STREET ADDRESS 868 GREGORY LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE F/E/C/D ☐ Change ☒ Addition
NAME Lisa Prevratil
STREET ADDRESS 4147 Skyway Drive
CITY-ST-ZIP COCOA, FL 32927

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** 4-5-03 (407) 460-4525

CR2E037 (10/02)