

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

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90160 029 \*\*\*\*\*61.25

**DOCUMENT # N98000001671**

1. Entity Name

**HOLDEN HEIGHTS RESIDENTIAL CARE FACILITY, INC.**



Principal Place of Business

**817 24 STREET  
ORLANDO FL 32805**

Mailing Address

**817 24 STREET  
ORLANDO FL 32805**

**55052241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3500622**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOPKINSON-CARTER, ALICIA  
817 24 STREET  
ORLANDO FL 32805**

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 re-registering)

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOPKINSON-CARTER, ALICIA</b>	
STREET ADDRESS	<b>817 24TH STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAMBERLAIN, ANTHONY</b>	
STREET ADDRESS	<b>817 24TH STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EDINGORO, JOAN</b>	
STREET ADDRESS	<b>7073 SCRUBOAK LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>DESHAY, JAMES</b>	
STREET ADDRESS	<b>830 LAKE MANN DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>QUINTAL, JAY DR</b>	
STREET ADDRESS	<b>245 PRINCE CHARLES LANE 3936 SEMORAN BLVD,</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32782 ORLANDO, FL, 32822</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Delete
NAME	<b>ANTHONY HOLT</b>	
STREET ADDRESS	<b>325 ST ORLANDO AVENUE, STE. 10,</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL, 32789.</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARBOSA SchERRAL</b>	
STREET ADDRESS	<b>523 E. MICHIGAN STREET, Apt 208C</b>	
CITY-ST-ZIP	<b>ORLANDO, FL, 32806.</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRAY UNA</b>	
STREET ADDRESS	<b>7008 IRON WOOD DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL, 32818</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOODMAN INGRID</b>	
STREET ADDRESS	<b>2412 CONDADO COURT,</b>	
CITY-ST-ZIP	<b>ORLANDO, Kissimmee, FL, 34743.</b>	
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		
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:

*Alicia Hopkinson-Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-03

Date

Daytime Phone #

CR2E037 (10/02)