

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

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90068 033 ****61.25

DOCUMENT # N98000002741

1. Entity Name

AVANCE, INC.



Principal Place of Business

**3475 S SUNCOAST BLVD
HOMOSASSA FL 34448**

Mailing Address

**1029 MEDICAL CIRCLE CENTER
SUITE 200
MAYFIELD KY 42066**

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 **59-3514992**

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

**JOHNSON, SHERRI L
330 S ORANGE AVENUE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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]

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

TITLE **D** ☐ Delete
NAME **ARGOTTE, ALEX**
STREET ADDRESS **1029 MEMORIAL CENTER CIRCLE, SUITE 200**
CITY-ST-ZIP **MAYFIELD KY 42066**

TITLE **D** ☐ Delete
NAME **ARGOTTE, FREDDY**
STREET ADDRESS **C/O 3475 S SUNCOAST BLVD.**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Delete
NAME **RICARD, MARIA**
STREET ADDRESS **C/O 3475 S SUNCOAST BLVD**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Delete
NAME **ARGOTTE, MARTHA**
STREET ADDRESS **C/O 3475 S SUNCOAST BLVD.**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Delete
NAME **DURAN, CATHY**
STREET ADDRESS **C/O 3475 S SUNCOAST BLVD.**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature] **REQUIRED**

5/10/03

CR2E037 (10/02)