

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002324

1. Entity Name

COMMUNITY SENIOR HEALTH CARE TRAINING CENTER, IN

Principal Place of Business

1215 BAYSHORE GARDENS PARKWAY  
BRADENTON FL 34207

Mailing Address

1215 BAYSHORE GARDENS PARKWAY  
BRADENTON FL 34207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924515

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

PATRICK, CARL E  
2828 PROCTOR ROAD  
SARASOTA FL 34231

Name PATRICK, CARL E  
Street Address (P.O. Box Number is Not Acceptable)  
6823 OLD RANCH RD.  
City SARASOTA, FL Zip Code 34241

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 D ☐ Delete  
NAME BOWMAN, CHRISTINE  
STREET ADDRESS 1215 BAYSHORE GARDENS PARKWAY  
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE DT ☐ Delete  
NAME GUARD, NORMA  
STREET ADDRESS 1215 BAYSHORE GARDENS PARKWAY  
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE T ☐ Delete  
NAME DAVIS, DIANA  
STREET ADDRESS 1215 BAYSHORE GARDENS PARKWAY  
CITY-ST-ZIP BRADENTON FL 34207

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

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CITY-ST-ZIP ☐ Delete

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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

*Christine Bowman*

4-30-01 941 751 6242

CR2E037 (10/00)

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91623 001 \*\*\*211.25



DO NOT WRITE IN THIS SPACE