

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003350

1. Entity Name

SOME ONE CARES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90066 027 ****70.00

Principal Place of Business

Mailing Address

303 S.E. 17TH STREET, STE.309
OCALA FL 34471

303 S.E. 17TH STREET, STE.309
OCALA FL 34471-4423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3579051

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

HALMAN, P. MARK

303 S.E. 17TH STREET, STE.309
OCALA FL 34471

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 D
FLEMING, CHARLES H
STREET ADDRESS 2305 S.W. 6TH AVE.
CITY-ST-ZIP Ocala FL 34474

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

TITLE ☐ Delete
NAME D
HALMAN, P. MARK
STREET ADDRESS 303 S.E. 17TH STREET, STE.309
CITY-ST-ZIP Ocala FL 34471

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

TITLE ☐ Delete
NAME D
MCFARLAND, HUEY P
STREET ADDRESS 2027 CIPRIONA PLACE
CITY-ST-ZIP LADY LAKE FL 32159

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

TITLE ☐ Delete
NAME D
B. Ket Barber
STREET ADDRESS 3862 NE 19th St Cir
CITY-ST-ZIP Ocala, FL 34470

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

TITLE ☐ Delete
NAME D
Betty J Perry
STREET ADDRESS 702 SE 36th Avenue
CITY-ST-ZIP Ocala, FL 34471

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

TITLE ☐ Delete
NAME D
Sylvia Johnson
STREET ADDRESS 913 SE 26th St
CITY-ST-ZIP Ocala, FL 34471

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/00

352 351-4800

Date

Daytime Phone #

CR2E037 (9/99)