

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003374

1. Entity Name

CAMELOT COMMUNITY CARE, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90668 033 ****61.25

Principal Place of Business

Mailing Address

104 WOODMONT BLVD STE 2250
NASHVILLE TN 37205

104 WOODMONT BLVD STE 2250
NASHVILLE TN 37205

2. Principal Place of Business

104 WOODMONT BLVD

3. Mailing Address

620 NORTH CRAYCROFT

Suite, Apt. #, etc.

SUITE LL50

Suite, Apt. #, etc.

City & State

NASHVILLE, TN

City & State

TUCSON, AZ

Zip

37205

Country

DAVIDSON

Zip

85711

Country

PIMA

4. FEI Number

31-1659302

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DORAMUS, JAMES V	
STREET ADDRESS	102 WOODMONT BLVD, #450	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	D	
NAME	FAVIS, MARTIN J	
STREET ADDRESS	35 KNOLLWOOD ESTATES DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MASON, STEVEN J	
STREET ADDRESS	104 BROOKFIELD AVENUE	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CAROLYN W	
STREET ADDRESS	565 ABERDEEN DRIVE	
CITY-ST-ZIP	CRETE IL 60417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEDELL, DORIS J	
STREET ADDRESS	5196 HOPE LANE	
CITY-ST-ZIP	SPRING HILL FL 34606-1230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER MCCLUSKER	
STREET ADDRESS	PROVIDENCE CORPORATION	
CITY-ST-ZIP	620 NORTH CRAYCROFT TUCSON, AZ 85711	
TITLE	ALSO PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY, TREASURER, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL N. DEITCH	
STREET ADDRESS	PROVIDENCE CORPORATION	
CITY-ST-ZIP	620 NORTH CRAYCROFT TUCSON, AZ 85711	
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:

Michael N. Deitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

520 748 7108

Daytime Phone #

CH2E037 (9/01)

CAMELOT COMMUNITY CARE, INC.
Listing of Officers, including their home addresses

March 1, 2002

ATTACHMENT
N99000003374

Fletcher McCusker, Chairman
Providence Corporation
620 North Craycroft
Tucson, Arizona 85711

Martin J. Favis, President
35 Knollwood Estates Drive
Ormond Beach, Florida 32174

Michael N. Deitch, Secretary and Treasurer
Providence Corporation
620 North Craycroft
Tucson, Arizona 85711

CAMELOT COMMUNITY CARE, INC.
Listing of Board of Directors, including their home addresses

ATTACHMENT
N9900003374

March 1, 2002

Fletcher McCusker
Providence Corporation
620 North Craycroft
Tucson, Arizona 85711

Martin J. Favis
35 Knollwood Estates Drive
Ormond Beach, Florida 32174

Doris J. Bedell
5196 Hope Lane
Spring Hill, Florida 34606-1230

Michael N. Deitch
Providence Corporation
620 North Craycroft
Tucson, Arizona 85711

Open