

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2002 91005 046 ***150.00

0623194 AT

DOCUMENT # P01000020631

1. Entity Name

CARE CENTERS MANAGEMENT OF NICEVILLE, INC.

Principal Place of Business

**2020 NORTHPARK STE 2D
JOHNSON CITY TN 37604**

Mailing Address

**2020 NORTHPARK STE 2D
JOHNSON CITY TN 37604**

B0040655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2020 Northpark
Suite 2D**

3. Mailing Address

**2020 Northpark
Suite 2D**

City & State

Johnson City, Tn

City & State

Johnson City, Tn

4. FEI Number

58-2612504

Applied For

☒ Not Applicable

Zip
37604-3127

Country
US

Zip
37604-3127

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, JIMMY RANDALL
115 HART ST
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name **C.T. Corporation**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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.

**PETER F. SOUZA
ASSISTANT SECRETARY**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JIMMY RANDALL 2020 NORTHPARK STE 2D JOHNSON CITY TN 37604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Secretary
Larry V. Linville
2020 Northpark, Ste. 2D
Johnson City, Tn 37604-3127**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED President

2-18-2002

423-975-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)