

2001 UNIFORM BUSINESS REPORT (UBR)

0594618

DOCUMENT # P23090

1. Entity Name
CARE CENTERS MANAGEMENT GROUP, INC.

FILED

01 APR 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
136 PRINCETON RD
JOHNSON CITY TN 37601
US

Mailing Address
136 PRINCETON RD
JOHNSON CITY TN 37601
US

2. Principal Place of Business
2020 Northpark
Suite, Apt. #, etc.
Suite 2F

3. Mailing Address
2020 Northpark
Suite, Apt. #, etc.
Suite 2F

City & State
Johnson City, TN

City & State
Johnson City, TN

Zip
37604-3127

Country
Washington

Zip
37604-3127

Country
Washington

4. FEI Number 62-1366831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEWIS, JIMMY R.
115 HART STREET
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
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.
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
SIGNATURE Connie Bryan DATE 4/30/01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, J.R. 136 PRINCETON RD JOHNSON CITY TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. J.R. Lewis 2020 Northpark, Ste 2F Johnson City, TN 37604-3127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINVILLE, LARRY V. 136 PRINCETON RD JOHNSON CITY TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Larry V. Linville 2020 Northpark, Ste 2F Johnson City, TN 37604-3127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004195251--5 -05/11/01--01029--012 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J.R. Lewis, President 4-27-2001 975-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)