

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90655 041 ***150.00

DOCUMENT # P25899

1. Entity Name

CAMELOT CARE CENTERS, INC.

Principal Place of Business

Mailing Address

~~102 WOODMONT BLVD.~~

~~102 WOODMONT BLVD.~~

~~SUITE 450~~

~~SUITE 450~~

NASHVILLE TN 37205

NASHVILLE TN 37205

US

US

2. Principal Place of Business

104 WOODMONT BLVD.

3. Mailing Address

620 NORTH CRAYCROFT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE LL50

City & State

NASHVILLE, TN

City & State

TUCSON, ARIZONA

Zip

37205

Country

DAVIDSON

Zip

85711

Country

PIMA

4. FEI Number

36-3465604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 S PINE ISLAND RD.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SPICER, JAMES E.**
STREET ADDRESS **16104 GULF BLVD.**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **CHAIRMAN & DIRECTOR** ☐ Change ☒ Addition
NAME **FLETCHER McCUSKER**
STREET ADDRESS **PROVIDENCE CORPORATION**
CITY-ST-ZIP **620 NORTH CRAYCROFT TUCSON, AZ 85711**

TITLE **D** ☒ Delete
NAME **GERINGER, STEVEN**
STREET ADDRESS **5915 E. VIA DEL CEILO**
CITY-ST-ZIP **PARADISE VALLEY AZ 85253**

TITLE **PRESIDENT & DIRECTOR** ☐ Change ☒ Addition
NAME **MARTIN J. FAVIS**
STREET ADDRESS **35 KNOLLWOOD ESTATES DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **PD** ☒ Delete
NAME **DORAMUS, JAMES V.**
STREET ADDRESS **102 WOODMONT BLVD., SUITE 450**
CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE **SECRETARY & TREASURER** ☐ Change ☒ Addition
NAME **MICHAEL N. DEITCH & DIRECTOR**
STREET ADDRESS **PROVIDENCE CORP.**
CITY-ST-ZIP **620 NORTH CRAYCROFT TUCSON, AZ 85711**

TITLE **D** ☒ Delete
NAME **MCCULLOUGH, GREGORY K**
STREET ADDRESS **7675 YOUNGER CREEK ROAD**
CITY-ST-ZIP **PRIMM SPRINGS TN 38476**

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

TITLE **D** ☒ Delete
NAME **TRAUGER, BYRON R.**
STREET ADDRESS **222 4TH AVENUE NORTH**
CITY-ST-ZIP **NASHVILLE TN 37219**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

4/23/02
Date

520 748 7108
Daytime Phone #

CR2E034 (9/01)

Attachment

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

March 1, 2002

#P25 89
789009

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

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CAMELOT CARE CENTERS, INC.

Listing of Board of Directors, including their home addresses

March 1, 2002

#12589

789009

Fletcher McCusker
Providence Corporation
620 North Craycroft
Tucson, Arizona 85711

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

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