

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 38974

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1. Entity Name

SAWGRASS CARE CENTER, INC.

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

04-22-2000 90110 046 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

4505 Madison

3. Mailing Address

4505 Madison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

43-1614315

Applied For

Not Applicable

Zip

64111

Country

U.S.A.

Zip

64111

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Newell, Robert D., Jr.
817 North Gadsden Street
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

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, 2000 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 P D
NAME Creekmore, S.W. Jr.
STREET ADDRESS 5000 East Valley Rd.
CITY-ST-ZIP Fort Smith, AR 72903 ☐ Delete

TITLE V D
NAME Creekmore, S.W. III
STREET ADDRESS No. 2 Berry Hill
CITY-ST-ZIP Fort Smith, AR 72903 ☐ Delete

TITLE S
NAME Campbell, Carla
STREET ADDRESS 2015 Lee Creek Drive
CITY-ST-ZIP Van Buren, AR 72956 ☐ Delete

TITLE AS
NAME Lehr, S. Ruth
STREET ADDRESS 6020 Elm Street
CITY-ST-ZIP Raytown, MO 64133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

S. Ruth Lehr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(S. RUTH LEHR)

April 18, 2000

Phone: (816) 131-0554

CR2E034 (9/99)