

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007889

1. Entity Name

CRA CARE CENTERS, INC.

FILED

00 AUG 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~1033 COMMONWEALTH LANE~~
TALLAHASSEE FL 32303

~~1033 COMMONWEALTH LANE~~
TALLAHASSEE FL 32303-0106

2. Principal Place of Business

3. Mailing Address

1424 E. Piedmont Dr.

1424 E. Piedmont Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32312

USA

32312

USA

4. FEI Number

59-3169078

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

CLARK, WILLIAM H
1033 COMMONWEALTH LANE
TALLAHASSEE FL 32303

Name
William H. Clark

Street Address (P.O. Box Number is Not Acceptable)

1424 E. Piedmont Dr.

Suite 200

Tallahassee

FL

Zip Code

32312

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 William H. Clark, William H. Clark Reg. Agent 8-31-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS CLARK, WILLIAM H
CITY-ST-ZIP 1033 COMMONWEALTH LANE
TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition
NAME ~~1424 E Piedmont Dr., Suite~~
STREET ADDRESS Tallahassee FL 32312
CITY-ST-ZIP 200

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500003389445-7
STREET ADDRESS -09/12/00-01026-007
CITY-ST-ZIP ****550.00 ****550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: William H. Clark, William H. Clark 8-31-00 8-30-00 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)