

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054512

1. Entity Name

CARING MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4988 FALLCREST CIRCLE
SARASOTA FL 34233

4988 FALLCREST CIRCLE
SARASOTA FL 34233-2274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0428839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPITTAL, JOAN W
4988 FALLCREST CIRCLE
SARASOTA FL 34233

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.

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\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	D SPITTAL, JOAN W 4988 FALLCREST CIRCLE SARASOTA FL 34233	<input type="checkbox"/> Delete
STREET ADDRESS	S DYRDA, ILLENE 465 PATTERSON AVENUE OSPREY FL 34229	<input type="checkbox"/> Delete
CITY-STATE-ZIP		<input type="checkbox"/> Delete
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12.

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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
contained 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 AND TYPED OR PRINTED NAME

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90036 029 ***150.00

651143



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)