

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90032 034 ***150.00

DOCUMENT # P94000001578

1. Entity Name
CAREFIRST OF TAVARES, INC.

Principal Place of Business
 15050 US HWY. 441
 EUSTIS FL 32726
 US

Mailing Address
 15050 US HWY. 441
 EUSTIS FL 32726-6589
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 15050 N Hwy 441
 Suite, Apt. #, etc.

3. Mailing Address
 15050 N Hwy 441
 Suite, Apt. #, etc.

City & State
 EUSTIS FL
 Zip
 32726
 Country
 Lake

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 EUSTIS, FL
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4. FEI Number **59-3218293**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HUSTY, TODD M
 15050 US HWY. 441
 EUSTIS FL 32726

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUSTY, TODD M 5690 SOUTH LAKE BURKETT LANE WINTER PARK FL 32792 <input type="checkbox"/> Delete P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, WILLIAM H 24 CYPRESS DRIVE EUSTIS FL 32726 <input type="checkbox"/> Delete VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSTY, VIC 1700 LITTLETON CT. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete -T-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

292500 742-0025 (352)
 Date Daytime Phone #

C-32E034 (9/99)