

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000083255****1. Entity Name**
FLORIDA CARE CONNECT, INC.**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90065 034 ***150.00

Principal Place of Business**3820 STATE STREET**
C/O MARY H YUMIBE
SANTA BARBARA CA 93105**Mailing Address****3820 STATE STREET**
C/O MARY H YUMIBE
SANTA BARBARA CA 93105**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**75-2567252**

Applied For

Not Applicable

5. Certificate of Status Desired☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**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, 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****P** ☐ Delete
STEIGMAN, DONALD S
500 W. CYPRESS CREEK RD.
FORT LAUDERDALE FL 33309**DVS** ☐ Delete
SILVER, RICHARD B
3820 STATE STREET
SANTA BARBARA CA 93105**T** ☐ Delete
DENT, DENNIS L
3820 STATE STREET
SANTA BARBARA CA 93105**AS** ☐ Delete
LARSEN, CAITLIN M
3820 STATE STREET
SANTA BARBARA CA 93105☐ Delete☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ 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:***Caitlin M. Larsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Caitlin M. Larsen, Asst. Sec.****3/18/02**

Date

805/563-7075

Daytime Phone #

CP2E034 (9/01)