

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015588

1. Entity Name

CARE FIRST, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90022 016 ***158.75

Principal Place of Business

Mailing Address

102 AVE. E.
APALACHICOLA FL 32320
US

P.O. BOX 434
APALACHICOLA FL 32329-0434

2. Principal Place of Business

3. Mailing Address

99 11th Street

PO BOX 974

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Apalachicola, Florida

City & State
Apalachicola, Florida

4. FEI Number 59-3342622

Applied For
Not Applicable

Zip 32320

Country USA

Zip 32329

Country USA

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

~~COOPER, DEBORAH~~
150 LAS BRISAS DRIVE
EASTPOINT FL 32328

Name Keller, Deborah

Street Address (P.O. Box Number is Not Acceptable)
150 Las Brisas Dr

City Eastpoint

FL

Zip Code 32328

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 Deborah Keller

Deborah Keller

03/400

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 EVP
NAME STEWART, HAROLD L
STREET ADDRESS 1636 RIO VISTA
CITY-ST-ZIP DALLAS TX 75208 ☒ Delete

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

TITLE P
NAME STEWART, DEBRA
STREET ADDRESS 1636 RIO VISTA
CITY-ST-ZIP DALLAS TX 75208 ☐ Delete

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

TITLE S
NAME COOPER, DEBORAH
STREET ADDRESS 150 LAS BRISAS DRIVE
CITY-ST-ZIP EASTPOINT FL 32328 ☒ Delete

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

TITLE T
NAME WELDON, THOMAS
STREET ADDRESS 7606 FERGUSON RD.
CITY-ST-ZIP DALLAS TX 75228 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Debra Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-2000 214-321-8484
Date Daytime Phone #

CR2E034 (9/99)