

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000064304**

1. Entity Name

CAP CARE OF FLORIDA, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90056 021 ***150.00

Principal Place of Business
8700 OAK SPRINGLANE
COLFAX NC 27235
US

Mailing Address
P O BOX 5967
HIGH POINT NC 27262-5967
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0609196**

Applied For

Not Applied For

Zip Country

Zip Country

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

BOARDMAN, THOMAS K
1400 15TH ST N, SUITE 201
IMMOKALEE FL 33934

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 State10. 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 **SD** ☐ Delete
NAME **PARKER, CLYDE A JR**
STREET ADDRESS **8700 OAK SPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

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

TITLE **D** ☐ Delete
NAME **PARKER, RONNEL S JR**
STREET ADDRESS **8700 OAK SPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

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

TITLE **D** ☐ Delete
NAME **PHILLIS P. WEBB**
STREET ADDRESS **8700 OAK SPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

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

TITLE **D** ☒ Delete
NAME **KENNETH L PARKER**
STREET ADDRESS **8700 OAK SPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

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

TITLE **D** ☐ Delete
NAME **CLYDE A. PARKER, JR.**
STREET ADDRESS **8700 OAK SPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

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

TITLE **D** ☐ Delete
NAME **DAPIN, TAMMY P**
STREET ADDRESS **8700 OAKSPRING LANE**
CITY-ST-ZIP **COLFAX NC 27235**

TITLE ☒ Change ☐ Addition
NAME **DUPIN, TAMMY P.**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde Parker 1-17-00 336-668-1119

Date

Daytime Phone #