2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90274 036 ***150.00

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818665

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000021983

1. Entity Name
RMF CARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
411 GEORGIA AVENUE CRYSTAL BEACH FL 34681	P.O. BOX 956 CRYSTAL BEACH FL

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 59-3390940 ☐ Applied For ☐ Not Applicable

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
FANOVICH, RUTH 411 GEORGIA AVENUE CRYSTAL BEACH FL 34681	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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D FANOVICH, RUTH 411 GEORGIA AVENUE CRYSTAL BEACH FL 34681 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BYRNE, LISA 411 GEORGIA AVENUE CRYSTAL BEACH FL 34681 ☐ 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
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CR2E034 (10/00)

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: Ruth Fanovich 3/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P96000021983 Stamp #818665

C&L Value Advisors, LLC
4805 West Laurel Street, Suite 100
Tampa, FL 33607
813.286.7373

Filing Instructions

FORM UBR – Uniform Business Report

As of January 1, 2001

NAME: **RMF Care Management, Inc.**

DUE DATE: May 1, 2001

REMITTANCE: A check in the amount of $150 should be made payable to the Department of State and included with the return.

SIGNATURE: The return should be signed and dated on the bottom of page one.

If changes are being made to the registered agent, a signature is also required in the registered agent box.

MAIL TO: Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

OTHER INSTRUCTIONS: Initial and date the copy and retain it for your records. **We recommend that returns be filed certified, return receipt requested.**