

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90394 040 ***550.00

DOCUMENT # P97000014430

1. Entity Name
CASE HEALTH CARE CONTRACTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2311 TURKEY CREEK ROAD
PLANT CITY FL 33567

Mailing Address
2311 TURKEY CREEK ROAD
PLANT CITY FL 33567-1920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3424481**

Applied For
☒ Not Applicable

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

CHRISTENSEN, CHARLES L
2311 TURKEY CREEK ROAD
PLANT CITY FL 33567

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**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHRISTENSEN, CHARLES L 13607 N MCINTOSH ROAD THONOTOSASSA FL 33592	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DP WALKER, TIMOTHY M 2009 CURRY ROAD LUTZ FL 33549	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ST BUYENS, CONNIE M. 904 E. SANDALWOOD DR. N. PLANT CITY FL 33566	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Connie M. Buyens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/00 813-754-3477

CR2E034 (9/99)