

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90178 049 \*\*\*150.00

C0028852



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000016241</b>																				
<b>1. Entity Name</b> WILDSRING ADULT CARE CENTER, INC.																				
<b>Principal Place of Business</b> LAKE JOSEPHINE DR SEBRING FL 33872		<b>Mailing Address</b> 129 SO COMMERCE AVE. SEBRING FL 33870-3602																		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2619 Lake Josephine Dr.																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.																		
<b>City &amp; State</b>		<b>City &amp; State</b> Sebring, Florida																		
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>																	
33872	USA	33872	USA																	
<b>4. FEI Number</b> 65-0820455		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>																		
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>																		
MCCOLLUM, JAMES F 129 SO COMMERCE AVE. SEBRING FL 33870		Name Street Address (P.O. Box Number is Not Acceptable) City																		
		FL Zip Code																		
<b>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.</b>																				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																				
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																		
		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																		
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CR2E034 (9/99)

**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:** *Dorothy Pringle* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_