

# 2001 UNIFORM BUSINESS REPORT (UBR)

0547250

DOCUMENT # P97000106135

1. Entity Name  
ABARIS CARE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:44

Principal Place of Business  
3400 S TAMiami TR  
STE 301  
SARASOTA FL 34239  
US

Mailing Address  
ACCOUNTS PAYABLE  
P.O. BOX 5339  
SARASOTA FL 34277-5339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number 65-0798832  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DECHOW, GERALD A  
3400 S. TAMiami TRAIL, STE. 301  
SARASOTA FL 34239

7. Name and Address of New Registered Agent  
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! 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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	DECHOW, GERALD A.	
STREET ADDRESS	3400 S TAMiami TRAIL STE 301	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	CECD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, KEITH F.	
STREET ADDRESS	3400 S TAMiami TRAIL STE 301	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIAS, ANGELA C	
STREET ADDRESS	3400 S TAMiami TR STE 301	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Repchick	
STREET ADDRESS	3400 S. TAMiami TRAIL, Suite 301	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TREASURER + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN M. ANDERSON	
STREET ADDRESS	3400 S. TAMiami TRAIL, Suite 301	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	8000004216908-18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-05/15/01 -01057-002	
STREET ADDRESS	****900.00 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 *Lynn M. Anderson* - LYNN M. ANDERSON 4/30/01 941-366-2947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR Date Daytime Phone #

CR2E034 (10/00)