

2002 UNIFORM BUSINESS REPORT (UBR)

0527957 AV

DOCUMENT # P97000106135

1. Entity Name

ABARIS CARE, INC.

FILED

02 MAY -1 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

5922 Cattlemen Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0798832

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

Country

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

Harry W. Haskins
Street Address (P.O. Box Number is acceptable)
3400 S. TAMiami TRAIL, STE #201

City

SARASOTA

FL

Zip Code

34239

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, 2002 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	CEO	<input checked="" type="checkbox"/> Delete
NAME	REPCHICK, GEORGE	
STREET ADDRESS	3400 S TAMiami TR, STE 301	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, LYNN M	
STREET ADDRESS	3400 S TAMiami TR, STE 301	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	S	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapman, Wayne D	
STREET ADDRESS	5922 Cattlemen Lane	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5922 Cattlemen Lane	
CITY-ST-ZIP	SARASOTA, FL 34232	
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:

Wayne D. Chapman 4/30/02 941-552-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)