

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028770

1. Entity Name

WE CARE OF THE TREASURE COAST, INC.

Principal Place of Business  
2252 SE MCMASTER STREET  
PORT SAINT LUCIE FL 34952

Mailing Address  
3340 SE FEDERAL HIGHWAY  
209  
STUART FL 33497-4900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARAKOS, HARALAMBOS  
3340 SE FEDERAL HIGHWAY # 209  
STUART FL 33497-4900

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!!! 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

TITLE PD  
NAME BARAKOS, HARALAMBOS  
STREET ADDRESS 322 SOUTHERN CROSS CIRCLE, APT. 108  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE TD  
NAME BARAKOS, ARTHUR  
STREET ADDRESS 322 SOUTHERN CROSS CIRCLE, APT. 108  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE VPD  
NAME BARAKOS, PAULA  
STREET ADDRESS 322 SOUTHERN CROSS CIRCLE, APT. 108  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Barakos, Haralambos ☒ Change ☐ Addition  
STREET ADDRESS 3252 SE Mcmaster St  
CITY-ST-ZIP PSL, FL 34952

TITLE TD  
NAME Barakos Arthur ☒ Change ☐ Addition  
STREET ADDRESS 5028 Monterey Lane  
CITY-ST-ZIP Delroy Beach, FL 33484

TITLE VPD  
NAME Barakos, Paula ☒ Change ☐ Addition  
STREET ADDRESS 3252 SE Mcmaster St  
CITY-ST-ZIP PSL, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

561-335-7922

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90325 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)