

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041127

1. Entity Name

CARE MANAGEMENT SYSTEMS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90136 030 ***150.00

Principal Place of Business

275 WILLIAMSON BLVD.
DAYTONA BEACH FL 32114

Mailing Address

275 WILLIAMSON BLVD.
DAYTONA BEACH FL 32114-1112

2. Principal Place of Business

2276 Bayless Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Daytona Bch, FL

Zip

Country

32114 Volusia

3. Mailing Address

P.O. Box 10689

Suite, Apt. #, etc.

City & State

Daytona Bch, FL

Zip

Country

32120 Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALONO, STEVEN M ESQ.
215 S. MONROE ST., STE. 500
TALLAHASSEE FL 32301

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOPPIANI, GREGORY R	
STREET ADDRESS	916 PUMA TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, FRED A	
STREET ADDRESS	4035 S. AMELIA AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOWDEN, R. GRADY JR.	
STREET ADDRESS	1675 BISHOP EST. RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Philip Grupp	
STREET ADDRESS	2820 Ripton Ct	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	Richard Vallone	
STREET ADDRESS	6312 Salado Road	
CITY-ST-ZIP	St. Augustine, FL 32084	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

Daytime Phone #

904 252-0090

CR2E034 (9/99)