

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099900

1. Entity Name

CARE ABILITIES, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90007 047 \*\*\*150.00

Principal Place of Business

2400 DELORAINE TRAIL  
MAITLAND FL 32751

Mailing Address

P.O. Box 941199  
~~2400 DELORAINE TRAIL~~  
MAITLAND FL ~~32751-4019~~ 32794-1199

2. Principal Place of Business

3. Mailing Address

P.O. Box 941199

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland, FL

4. FEI Number

59-3616692

Applied For

Not Applicable

Zip

Country

Zip

Country

32794-1199

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, N DWAYNE JR  
GREENSPOON, MARDER, HIRSCHFELD ET AL  
135 W CENTRAL BLVD, SUITE 1100  
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEY, ANNE M 2400 DELORAINE TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILBANE, KIMBERLY A 4473 DRAYTON LANE OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFF, CAROL J 1930 GERONIMO TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Anne M. Maley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE M. MALEY

4-18-00

Date

407-644-6328

Daytime Phone #

CR2E034 (9/99)