

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103561

1. Entity Name

CARE MANAGEMENT CONSULTANTS FOR SENIORS, INC.

**FILED**  
May 07, 2000 8:00 am  
**Secretary of State**

05-07-2000 90029 032 \*\*\*150.00

Principal Place of Business

Mailing Address

516 CAMDEN AVE  
STUART FL 34994

516 CAMDEN AVE  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

1042 SW.

PO Box 880591

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Belleuve Avenue

Port Saint Lucie Fla

City & State

Zip

Country

34953

USA

34988-0591

St. Lucie

Country

St. Lucie

4. FEI Number

65-097943

Applied For

Not Applicable

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

ANDERSON, WILLIAM D JR  
516 CAMDEN AVE  
STUART FL 34994

Name BARBARA BACON

Street Address (P.O. Box Number is Not Acceptable)

1042 S.W.

Belleuve Avenue

Port Saint Lucie

FL

Zip Code 34953

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

Barbara Bacon

Barbara Bacon

4/25/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM D JR	
STREET ADDRESS	516 CAMDEN AVE	
CITY-ST-ZIP	STUART FL 34994	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA BACON	
STREET ADDRESS	1042 SW Belleuve Avenue	
CITY-ST-ZIP	Port Saint Lucie, FL 34953	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Both - male	
STREET ADDRESS	15396 79th Terrace N.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
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:

Barbara Bacon

Date

Daytime Phone #

4/25/00 (561) 879-2473

CR2E034 (9/99)