

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90323 046 \*\*\*100.00

**DOCUMENT # 743261**

1. Entity Name

**THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER,**

Principal Place of Business

1095 BELLE AVE.  
 CASSELBERRY FL 32708

Mailing Address

1095 BELLE AVE.  
 CASSELBERRY FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1897707**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POE, WILLIAM H.  
 1095 BELLE AVENUE  
 CASSELBERRY FL 32708

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: JOHNSON, ROBERT  Delete  
 STREET ADDRESS: 1200 APACHE DR  
 CITY-ST-ZIP: GENEVA FL 32732

TITLE: PD  
 NAME: MOORE, Curtis  Change  Addition  
 STREET ADDRESS: 209 Mocking Bird Ln  
 CITY-ST-ZIP: Winter Springs, FL 32708

TITLE: VPD  
 NAME: STONE, CAROL  Delete  
 STREET ADDRESS: 2075 ACKOLA POINT  
 CITY-ST-ZIP: LONGWOOD FL 32779

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

TITLE: T  
 NAME: JUDGE, RUSSELL  Delete  
 STREET ADDRESS: 801 DOUGLAS AVE STE 107  
 CITY-ST-ZIP: ALTAMONTE SPGS FL

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

TITLE: SD  
 NAME: TOBIN, MARY  Delete  
 STREET ADDRESS: 3377 OHIO ST  
 CITY-ST-ZIP: SANFORD FL 32773

TITLE: SD  
 NAME: Cecelia Boerenko  Change  Addition  
 STREET ADDRESS: 4094 LAKE CONWAY WOODS BLVD  
 CITY-ST-ZIP: Orlando, FL 32812

TITLE: D  
 NAME: POE, WILLIAM H  Delete  
 STREET ADDRESS: 639 MARLIN RD  
 CITY-ST-ZIP: WINTER SPRINGS FL 32708

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*  
 Date: 03/22/01  
 Daytime Phone #: 407 699-4417

CR2E037 (10/00)