

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90383 028 \*\*\*150.00

REGISTRATION AT

**DOCUMENT # 401614**

1. Entity Name  
**VISITING HOMEMAKER SERVICE OF BROWARD COUNTY, IN C.**

Principal Place of Business      Mailing Address

**3570 KEITH STREET. N.W.  
 CLEVELAND TN 37312  
 US**      **3570 KEITH STREET. N.W.  
 CLEVELAND TN 37312  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1439214**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND TN 37312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT WADDELL, J. MICHAEL 3570 KEITH STREET, N.W. CLEVELAND TN 37312</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND TN 37312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND TN 37312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND TN 37312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 <b>Please see attached Exhibit "A"</b>
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
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

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:** By: Joan E. Thurmond **Joan E. Thurmond, Assistant Secretary 4/15/02 423-473-5868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

ATTACH# 401614/637522



3001 Keith Street, NW/P.O. Box 3480/Cleveland, Tennessee 37320-3480/(423) 472-9585

April 16, 2002

**VIA AIRBORNE EXPRESS**

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Visiting Homemaker Service of Broward County, Inc.

Dear Representative:

Enclosed herewith for your consideration and review is the completed Uniform Business Report for the above-referenced entity. Also, enclosed herewith is a check in the amount of \$150.00 which represents the necessary filing fees. If you should have any questions and/or need additional information, please contact me at (423) 473-5869.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Ray".

Leslie Ray  
Legal Department

/lmr

Enclosures

## EXHIBIT "A"

**Visiting Homemaker Service of Broward County, Inc.**  
**3570 Keith Street, NW**  
**Cleveland, TN 37312**  
**(423) 473-5868**

### Officers:

<b>President:</b>	Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
<b>Vice President:</b>	Richard J. Wager	3570 Keith Street, NW Cleveland, TN 37312
<b>Vice President/ Treasurer/Secretary:</b>	Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312
<b>Assistant Secretary:</b>	Joan E. Thurmond	3570 Keith Street, NW Cleveland, TN 37312
<b>Assistant Secretary:</b>	Cindy S. Cross	3570 Keith Street, NW Cleveland, TN 37312

### Directors:

Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312