

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-24-2002 90404 043 \*\*\*\*61.25

**DOCUMENT # 724973**

1. Entity Name

**ELDER CARE SERVICES, INC.**

Principal Place of Business

Mailing Address

% KATHRYN ARRANT  
 2518 W TENNESSEE ST.  
 TALLAHASSEE FL 32304

% KATHRYN ARRANT  
 2518 W TENNESSEE ST.  
 TALLAHASSEE FL 32304

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

**59-1426079**

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

ARRANT, KATHRYN  
 2518 W. TENNESSEE ST.  
 TALLAHASSEE FL 32304

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	TD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, TAMI S	
STREET ADDRESS	ROUTE 5 BOX 85	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WORTHEN, DREAMAL	
STREET ADDRESS	2280 KIMBERLY LN	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	GUARISCO, PETER	
STREET ADDRESS	3350 LAKESHORE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LAURIE	
STREET ADDRESS	3569 BARTRAN CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOINS, BOB	
STREET ADDRESS	798 VIOLET ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arrant, Kathryn	
STREET ADDRESS	506 Carr Lane	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benesh, Jan	
STREET ADDRESS	428 Summerbrooke Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carroll, Rick	
STREET ADDRESS	2640-A Mitcham Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimes, Stephen H.	
STREET ADDRESS	3838 Longford Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goins, Bob	
STREET ADDRESS	798 Violet Street	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Houston, Sarah E.	
STREET ADDRESS	2404 Mexia Avenue	
CITY-ST-ZIP	Tallahassee, FL 32304	

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:** *Kathryn Arrant*

Kathryn Arrant

4-1-02

850-921-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

# Attachment

D  
Kitchen, Patti G.  
2604 Cline Street  
Tallahassee, FL 32312

# 724973  
775706

D  
McCully, AL C.  
730 Live Oak Plantation Rd.  
Tallahassee, FL 32312

D  
McGowan, L. R.  
519 North Ride  
Tallahassee, FL 32303

D  
McMichael, James F.  
2549 Tallavana Trail  
Havana, FL 32333

D  
Spears, Polly D.  
2660 Old Bainbridge Road, #601  
Tallahassee, FL 32303

D  
Solomon, E. Ray  
3114 Middlebrooks Circle  
Tallahassee, FL 32312

C/D  
Williams, Jerry  
2602 Thomasville Road  
Tallahassee, FL 32308

T  
Jacobs, Duane  
3106 Avon Circle  
Tallahassee, FL 32312

S  
Haley, Elma  
2577 Noble Drive  
Tallahassee, FL 32312