

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724973

1. Entity Name

ELDER CARE SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90041 002 ****70.00

Principal Place of Business

Mailing Address

% KATHRYN ARANT
2518 W TENNESSEE ST.
TALLAHASSEE FL 32304

% KATHRYN ARANT
2518 W TENNESSEE ST.
TALLAHASSEE FL 32304-2506

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

59-1426079

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Arrant, Kathy	317 Carr Lane	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VCD	Williams, Jerry	2602 Thomasville Road	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CD	Guarisco, Peter	3350 Lakeshore Drive	Tallahassee, FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CED	Taylor, Laurie	3569 Bartran Ct	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Neeley, Sarah	1910 Shady Oaks Drive	Tallahassee, FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Boone, Shelley	2596 Arendell Way	Tallahassee, FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 4/27/00 850-921-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #