

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758943

1. Entity Name

HEARTLAND HOME HEALTH AGENCY, INC.

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

08-09-2000 90084 005 ****61.25

Principal Place of Business

7050 GALL BLVD.
ZEPHYRHILLS FL 33541

Mailing Address

7050 GALL BLVD.
ZEPHYRHILLS FL 33541

2. Principal Place of Business

111 N. Orlando Avenue

3. Mailing Address

111 N. Orlando Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-2108057

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

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

6. Name and Address of Current Registered Agent

TRIMBLE, T L
111 N ORLANDO AVE
WINTER PARK FL 32789

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

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
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, PAUL	
STREET ADDRESS	7050 GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAUGEN, DAVID	
STREET ADDRESS	7050 GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERNDON, JUNE M.	
STREET ADDRESS	7050 GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald E. Welch	
STREET ADDRESS	7050 Gall Blvd.	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Block, Mark	
STREET ADDRESS	111 N. Orlando Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Prada, Ariel	
STREET ADDRESS	111 N. Orlando Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
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		

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:

Ariel De Prada (Ariel De Prada, Asst. Secretary 7/19/00 (407) 975-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)