

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759181

1. Entity Name

ELDERCARE, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90077 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2765 CLYDO RD  
JACKSONVILLE FL 32207

2765 CLYDO RD  
JACKSONVILLE FL 32207-7901

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

59-2412816

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

**WATERBURY, THEODORE R**  
**2765 CLYDO RD**  
**JACKSONVILLE, FL**  
**32207**

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	PD	<input type="checkbox"/> Delete
NAME	MOSIE, EDNA J	
STREET ADDRESS	2765 CLYDO RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOISE, MILTON	
STREET ADDRESS	2765 CLYDO RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATERBURY, THEODORE	
STREET ADDRESS	2765 CLYDO RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	RIGDON, B. KENNETH	<input type="checkbox"/> Delete
NAME	PRES.	
STREET ADDRESS	2765 CLYDO RD	
CITY-ST-ZIP	JACKSONVILLE, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENDOR # 3930	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DATES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DATE 02-01-00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	INVOICE # 759181	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STORE # 101-65100	
CITY-ST-ZIP		
TITLE	DUE DATE 02-01-00	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WATERBURY**

**1-19-00**

**(904)**

**731-3396**

CR2E037 (9/99)