

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90083 034 ***150.00

DOCUMENT # F93000004430

1. Entity Name

ABLE PALMS HOME & HEALTH CARE SERVICES, INC.

913117



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**499 ALTERNATE KEENE RD
 820
 LARGO FL 33771
 US**

**1107 HAZELTINE BLVD
 200
 CHASKA MN 55318-1043
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1753931

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARRINGTON, CAREY MS.
 2700 EAST BAY DRIVE, SUITE 207
 LARGO FL 34641**

Name **URSULA GILLER**

Street Address (P.O. Box Number is Not Acceptable)

499 ALTERNATE KEENE RD

SUITE 820

City **LARGO**

FL

Zip Code **33771**

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

Ursula M. Giller
 Signature, typed or printed name of registered agent and title if applicable.

URSULA GILLER

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GOODMAN, JOHN B**
 STREET ADDRESS **1107 HAZELTINE BLVD #200**
 CITY-ST-ZIP **CHASKA MN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **PETERKA, DAN**
 STREET ADDRESS **1107 HAZELTINE BLVD #200**
 CITY-ST-ZIP **CHASKA MN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **BILICH, PATRICIA**
 STREET ADDRESS **1107 HAZELTINE BLVD #200**
 CITY-ST-ZIP **CHASKA MN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **SEIFERT, MELINDA**
 STREET ADDRESS **1107 HAZELTINE BLVD #200**
 CITY-ST-ZIP **CHASKA MN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Bilich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA BILICH 1/18/2000
 Date Daytime Phone #