

2001 UNIFORM BUSINESS REPORT (UBR)

0134184 AT

DOCUMENT # F96000004626

1. Entity Name
CARETENDERS OF FORT LAUDERDALE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:02

Principal Place of Business
1500 NW 62ND ST
303 & 304
FT LAUDERDALE FL 33309
US

Mailing Address
100 MALLARD CREEK
#400
LOUISVILLE KY 40207
US



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT 01

4. FEI Number 65-0710785

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Susan J. Metze Susan J. Metze, Asst. Secretary 10/10/01
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME YARMUTH, MARY A
STREET ADDRESS 100 MALLARD CREEK ROAD STE 400
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004653852--4
-10/25/01--01078--001
***750.00 ☐ Change ☐ Addition

TITLE CD
NAME YARMUTH, WILLIAM B
STREET ADDRESS 100 MALLARD CREEK ROAD STE 400
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME GUENTHNER, C S
STREET ADDRESS 100 MALLARD CREEK ROAD STE 400
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/23

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)