

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005640**

1. Entity Name

HEARTLAND HOME CARE, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90064 050 ***150.00

Principal Place of Business 1 SEAGATE TOLEDO OH 43604-2616	Mailing Address 1 SEAGATE TOLEDO OH 43604-1558
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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 34-1787895		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORMOND, PAUL A			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORMOND, PAUL A			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIKEL, GEOFFREY G			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIKEL, GEOFFREY G			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUTTLE, RICHARD C			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIXLER, R JEFFREY			NAME			
STREET ADDRESS	1 SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH 43604-2616			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 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 #