FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 013 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96049

1. Entity Name

TENDER LOVING CARE RETIREMENT RESIDENCE, IN

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
747 BON AIR ST	
Suite, Apt. #, etc. LAKELAND, FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33805 / Country POLK	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CAMPBELL MONICA

Street Address (P.O. Box Number is Not Acceptable) 747 BON AIR ST.

LAKELAND

City FL Zip Code 33805

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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	GEORGE H. CAMPBELL
STREET ADDRESS	747 BON AIR ST.
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	VS
NAME	MONICA CAMPBELL
STREET ADDRESS	747 BON AIR ST
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] 4/30/02 (813)[illegible]