

2001 UNIFORM BUSINESS REPORT (UBR)

0134188 AT

DOCUMENT # F97000005589

1. Entity Name
CARETENDERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
**15550 MCGREGOR BLVD.
FT. MYERS FL 33908**

Mailing Address
**100 MALLARD CREEK ROAD.
STE. 400
LOUISVILLE KY 40207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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*
Signature, typed or printed name of registered agent and title if applicable.

Susan J. Metze, Asst. Secretary **10/10/01**
(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 ☐ Delete
NAME **CEOC**
STREET ADDRESS **YARMUTH, WILLIAM B**
CITY-ST-ZIP **100 MALLARD CREEK ROAD, SUITE 400
LOUISVILLE KY 40207**

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

TITLE ☐ Delete
NAME **TSD**
STREET ADDRESS **GUENTHER, C S**
CITY-ST-ZIP **100 MALLARD CREEK ROAD, SUITE 400
LOUISVILLE KY 40207**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **YARMUTH, MARY A**
CITY-ST-ZIP **100 MALLARD CREEK ROAD, SUITE 400
LOUISVILLE KY 40207**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 the empowered.

SIGNATURE:

Susan J. Metze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:16



REINSTATEMENT DO NOT WRITE IN THIS SPACE

07

4. FEI Number **58-2350223**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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****750.00 ****750.00**