

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26721

1. Entity Name

VISITING NURSE SERVICES OF THE TREASURE COAST, I

Principal Place of Business

2400 SE MONTEREY RD.
STE 301
STUART FL 34996
US

Mailing Address

2400 S.E. MONTEREY ROAD
SUITE 301
STUART FL 34996-3351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2479312

Applied For

Not Applicable

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

CROW, DONALD R
2400 SE MONTEREY RD, SUITE 400-300
STUART FL 34996

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. REMOVE ALL OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D
KENNEY, KEVIN
STREET ADDRESS 440 E. OSCEOLA ST.
CITY-ST-ZIP STUART FL

TITLE NAME ☒ Change ☐ Addition
1991 S. Kanner Highway
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
DCS
CROW, PATRICIA Q
STREET ADDRESS 2400 SE MONTEREY RD, SUITE 300
CITY-ST-ZIP STUART FL

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

TITLE NAME ☒ Delete
DT
CRAMER, GARY
STREET ADDRESS 1003 S.W. POPLAR COURT
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE NAME ☐ Delete
D
IANNOTTI, NICHOLAS
STREET ADDRESS 1801 S.E. HILLMOOR DRIVE, SUITE #B-101
CITY-ST-ZIP PORT ST. LUCIE FL

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

TITLE NAME ☐ Delete
DP
CROW, DONALD R
STREET ADDRESS 2400 SE MONTEREY RD., SUITE 100
CITY-ST-ZIP STUART FL 34996

TITLE NAME ☒ Change ☐ Addition
suite 300
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Crow

4/13/00

Date

561-286-8157

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)