

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68900

1. Entity Name

T.L.C. HOME HEALTH CARE, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90100 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1983 MARCUS AVE. CB 7011  
LAKE SUCCESS NY 11042  
US

1982 MARCUS AVE CB 7011  
LAKE SUCCESS NY 11042-1003  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2752387

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

UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME SAVITSKY, STEPHEN  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE PSTD ☐ Delete  
NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE VD ☐ Delete  
NAME CLIFT, DALE R  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS, NY 11042

TITLE DP ☒ Change ☐ Addition  
NAME CLIFT, DALE R  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS, NY 11042

TITLE VT ☐ Change ☒ Addition  
NAME DERR, WILLARD T  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS, NY 11042

TITLE VS ☐ Change ☒ Addition  
NAME Silver, Renee J.  
STREET ADDRESS 1983 MARCUS AVENUE  
CITY-ST-ZIP LAKE SUCCESS, NY 11042

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Renee Silver* **REQUIRE** Renee Silver 3-20-2000 (516) 327-3372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #