

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90062

1. Entity Name

HOME CARE OF HENDRY AND GLADES COUNTIES, INC.

Principal Place of Business

333 S. COMMERCIO STREET
CLEWISTON FL 33440

Mailing Address

333 S. COMMERCIO STREET
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

4595 PALM BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

FT MYERS, FL

Zip

Country

Zip

Country

33905

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 VS
NAME WIGGINS, WILMER
STREET ADDRESS 616 SAGAMORE AVE.
CITY-ST-ZIP CLEWISTON FL ☐ Delete

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

TITLE PT
NAME PEACOCK, CAROLINE
STREET ADDRESS 714 LAUREL ST.
CITY-ST-ZIP CLEWISTON FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

SIGNATURE OF PEACOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/00
Date

991 693 7898
Daytime Phone #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90011 014 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2638637
Applied For ☐ Not Applicable ☐

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

CR2E034 (5/00)