

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05424

1. Entity Name

FIRST COAST HOME HEALTH CARE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90011 020 ***150.00

C0003581



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

301 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086

301 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086-5794

2. Principal Place of Business

3. Mailing Address

300 Health Park Blvd 108

300 Health Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine Fl.

St. Augustine Fl.

Zip

Country

Zip

Country

32086

32086

4. FEI Number 59-2662020

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

MCLEAN, DANIEL
300 HEALTH PARK BLVD, STE 1002
STE 108
ST. AUGUSTINE FL 32086

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

Daniel J. McLean

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-00

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCLEAN, DANIEL
300 HEALTH PARK BLVD, STE 1002
ST. AUGUSTINE FL 32086

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MCLEAN, CYNTHIA
300 HEALTH PARK BLVD, STE 1002
ST AUGUSTINE FL 32086

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

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TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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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:

Daniel J. McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. MCLEAN

Date

Daytime Phone #

904
824-4556