

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23517

1. Entity Name

ITM TROPICARE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90057 003 ***150.00

Principal Place of Business

10507 HEARTH RD.
SPRING HILL FL 34608

Mailing Address

~~10507 HEARTH RD.~~
~~SPRING HILL FL 34608-3714~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

23 E. TARPON AVE

City & State

City & State

TARPON SPRINGS FL

Zip

Country

Zip

Country

34689

US

4. FEI Number

59-2707906

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

Name

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

23 E. TARPON AVE

City

TARPON SPRINGS FL

Zip Code

34689

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

4/25/00

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	PD	<input type="checkbox"/> Delete
NAME	HUGHES, TIMOTHY W.	
STREET ADDRESS	10507 HEARTH RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORRIS, B ALLEN	
STREET ADDRESS	6915 RICHARD DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SUSAN E. DAY	
STREET ADDRESS	1417 LAREDO AVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-19-00 (552) 689-7300
Daytime Phone #

CR2E034 (9/99)