

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24007

1. Entity Name

ABLE HEALTHCARE SERVICES OF COLLIER, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90076 010 ***150.00

Principal Place of Business

501 GOODLETTE ROAD
STE A208
NAPLES FL 34102
US

Mailing Address

6226 PRESIDENTIAL COURT
SUITE A
FORT MYERS FL 33919-3521
US

2. Principal Place of Business

5100 TAMiami TRAIL N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

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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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUFFY, ROBERT	
STREET ADDRESS	7733 WOODLAND BEND	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUFFY, ROBERT F.	
STREET ADDRESS	7733 WOODLAND BEND	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUFFY, HELEN C.	
STREET ADDRESS	7733 WOODLAND BEND	
CITY-ST-ZIP	FT. MYERS FL 33912	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Robert D. Tuffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000
Date

941 4372434
Daytime Phone #

CR2E034 (9/99)