

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47702

1. Entity Name

HOUSECALL SUPPORTIVE SERVICES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90121 026 \*\*\*150.00

Principal Place of Business

311 WEISGARBER RD., S.W.  
KNOXVILLE TN  
US

Mailing Address

311 WEISGARBER RD., S.W.  
KNOXVILLE TN 37919  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1156559

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$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 PSD  
NAME BLOM-ANTONIO, LADONNA  
STREET ADDRESS 1600 TAMiami TRl, 4TH FLOOR  
CITY-ST-ZIP MURDOCK FL 33938-0549 ☐ Delete

TITLE VTD  
NAME DAVIS, GREGG  
STREET ADDRESS 1600 TAMiami TRl, 4TH FLOOR  
CITY-ST-ZIP MURDOCK FL 33938-0549 ☐ Delete

TITLE D  
NAME WIESE, CALVIN  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE D  
NAME HENDERSCHIEDT, ROBERT  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE AS  
NAME HAAS THALER, DEBORAH  
STREET ADDRESS 1000 ABERNATHY RD., BLD 400., STE 1825  
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE D  
NAME BLAIR, MARDIAN  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D  
NAME SHAW, TERRY  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☒ Addition

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

TITLE AS  
NAME TRIMBLE, T.L.  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☒ Addition

TITLE D  
NAME WERNER, THOMAS  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.L. Trimble

Date

Daytime Phone #

4/17/00

(407) 975-1413