

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014161

1. Entity Name

UNITED HOME CARE SERVICES OF SOUTHWEST FLORIDA,

Principal Place of Business

4414 SE 16TH PLACE  
UNIT TWO  
SOUTH CAPE CORAL FL 33904

Mailing Address

4414 SE 16TH PLACE  
UNIT TWO  
SOUTH CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TOME, JAY R ESQ  
2701 PONCE DE LEON BLVD  
MEZZANINE LEVEL  
CORAL GABLES FL 33134

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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

*Teck Semmler*

*Teck Semmler*

9/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
FOX, JOSE R  
5255 NW 87TH AVE SUITE 400  
MIAMI FL 33166

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
SEMMLER, TECK  
4414 SE 16TH PLACE UNIT TWO  
SOUTH CAPE CORAL FL 33904

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200004610632-2  
-09/25/01-01080-018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
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11: 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Teck Semmler*

9/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0007080

CR2E083 (5/01)

STATE CHECK HERE