

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87000

1. Entity Name

HOME COMPANIONS OF MANATEE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90086 019 ***150.00

Principal Place of Business

3707 26TH ST. WEST
BRADENTON FL 34205

Mailing Address

3707 26TH ST. WEST
BRADENTON FL 34205-3505

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0214076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSMAN, ELIZABETH A
3707 26TH STREET WEST
BRADENTON FL 34205

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	PD	☐ Delete
NAME	AUSMAN, NIRA	
STREET ADDRESS	3707 26TH ST. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	☐ Delete
NAME	AUSMAN, ELIZABETH	
STREET ADDRESS	3707 26TH ST. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	☐ Delete
NAME	MCARTHUR, DAVID	
STREET ADDRESS	3707 26TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	☐ Delete
NAME	MCARTHUR, DIANNE	
STREET ADDRESS	3707 26TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth A Ausman 04/28/00 (941) 753-4149

CR2E034 (9/99)