

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000990

1. Entity Name

GOLDEN TOUCH LIVING CARE, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90262 024 ****61.25

Principal Place of Business

5487 GATE LAKE RD
TAMARAC FL 33319

Mailing Address

5487 GATE LAKE RD
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FORD, DONNA
5487 GATE LAKE RD
TAMARAC FL 33319

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FORD, DONNA
STREET ADDRESS 5487 GATE LAKE RD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE VD
NAME GORDON, DONOVAN
STREET ADDRESS 5487 GATE LAKE RD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE SD
NAME THOMAS, GWENDOLYN
STREET ADDRESS 5487 GATE LAKE RD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE TD
NAME GORDON, DONVAN
STREET ADDRESS 5487 GATE LAKE RD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-13-02 JH 720-9648

Date

Daytime Phone #

CR2E037 (9/01)