

2001 UNIFORM BUSINESS REPORT (UBR)

2. **FILED**
Mar 07, 2001 8:00 am
Secretary of State

02-19-2001 90061 007 ****70.00

DOCUMENT # N00000003724

1. Entity Name

FAMILY SERVICE HOME HEALTH, INC.

Principal Place of Business

2960 ROOSEVELT BLVD
 CLEARWATER FL 33760

Mailing Address

2960 ROOSEVELT BLVD
 CLEARWATER FL 33760

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

59-3651125

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON WISE, SUZANNE
 2960 ROOSEVELT BLVD
 CLEARWATER FL 33760

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 ☐ Delete
 NAME D BRENNAN, MARY
 STREET ADDRESS 5827 72ND AVE N
 CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
 NAME D GREENE, MARCUS W
 STREET ADDRESS 8461 125TH CT N
 CITY-ST-ZIP SEMINOLE FL 33778

TITLE ☐ Delete
 NAME D DRAUGHON, WALTER D III
 STREET ADDRESS 1900 GANDY BLVD N
 CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE ☐ Delete
 NAME D HALL, JUDY A
 STREET ADDRESS 370 PINELLAS BAYWAY #H
 CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Delete
 NAME D HAYWARD, BETTY
 STREET ADDRESS 5234 DR M L KING ST S
 CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☐ Delete
 NAME D JACKSON, DORETHA S
 STREET ADDRESS 1015 10TH AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33705

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME PD
 STREET ADDRESS Skalski, Joseph
 CITY-ST-ZIP 14010 Roosevelt Blvd. #708
 Clearwater, FL 33762

TITLE ☐ Change ☒ Addition
 NAME Chair Elect
 STREET ADDRESS Marcia Wiseman
 CITY-ST-ZIP PO Box 210
 Clearwater, FL 33757-0210

TITLE ☐ Change ☒ Addition
 NAME Larry Newsome
 STREET ADDRESS 450 Carillon Pkwy #200
 CITY-ST-ZIP St. Petersburg, FL 33716

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

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:

Suzanne Gibson Wise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)