

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90291 019 \*\*\*\*61.25

**DOCUMENT # N00000008276**

1. Entity Name

**AMERICAN HOME CARE ASSOCIATION, INC.**

Principal Place of Business

**9570 REGENCY SQ. BLVD.  
 JACKSONVILLE FL 32225**

Mailing Address

**9570 REGENCY SQ. BLVD.  
 JACKSONVILLE FL 32225**

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

**59-3706715**

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

**JOHNSTON, CARMEN A  
 9570 REGENCY SQ. BLVD.  
 JACKSONVILLE FL 32225**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**700**

**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

*John G. Beard, President*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-27-2001**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUPPETT, WILLIAM T</b>	
STREET ADDRESS	<b>431 W. PIKE ST.</b>	
CITY-ST-ZIP	<b>CLARKBURG WV 26301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CENAC, DWIGHT S</b>	
STREET ADDRESS	<b>9570 REGENCY SQUARE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, CARMEN A</b>	
STREET ADDRESS	<b>9570 REGENCY SQUARE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>President "D"</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN BEARD</b>	
STREET ADDRESS	<b>4752 US 280 EAST</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35242</b>	
TITLE	<b>VICE President "D"</b>	<input type="checkbox"/> Delete
NAME	<b>STEVE MONEY</b>	
STREET ADDRESS	<b>4500 S. GARNETT SUITE 1000</b>	
CITY-ST-ZIP	<b>TULSA OK 74146</b>	
TITLE	<b>TREASURER "D"</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAEL CARACCI</b>	
STREET ADDRESS	<b>406 BRIARWOOD DRIVE Bldg 200</b>	
CITY-ST-ZIP	<b>JACKSON MS 39206</b>	

TITLE	<b>SECRETARY "D"</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRY TUCKER</b>	
STREET ADDRESS	<b>21 HIGH STREET</b>	
CITY-ST-ZIP	<b>EAST HARTFORD CT 06118</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/0/00)