

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90160 027 ****61.25

DOCUMENT # N01000003200

1. Entity Name

TOPS CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

523 NW 25th ST.

Suite, Apt. #, etc.

3. Mailing Address

523 NW 25th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

59-3725121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FINANCIAL FOUNDATIONS INC.

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

3150 SANDY RIDGE DRIVE

City

CLEARWATER

FL

Zip Code

33761

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

FEE IS \$61.25
Initial or Amended UBR

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	PRESIDENT (P)
NAME	JOHN FRANCHVILLE
STREET ADDRESS	2320 BAY DRIVE
CITY-ST-ZIP	OCALA, FLORIDA 34478
TITLE	VICE PRESIDENT (V)
NAME	CYNTHIA McNEIL
STREET ADDRESS	12948 BROOKFIELD DR.
CITY-ST-ZIP	ORLANDO, FLORIDA 32837
TITLE	SECRETARY (S)
NAME	PATRICIA NELSON
STREET ADDRESS	20683 PARK AVE
CITY-ST-ZIP	DUNNELLON, FLORIDA 34430
TITLE	TREASURER (T)
NAME	HEA BEAT WELCOME
STREET ADDRESS	2520 NE 50 th PLACE
CITY-ST-ZIP	OCALA, FLORIDA 34479
TITLE	DIRECTOR (D)
NAME	KATHY RUCKER
STREET ADDRESS	6760 138 th TERR.
CITY-ST-ZIP	OCALA, FLORIDA 34481
TITLE	DIRECTOR (D)
NAME	DORIS BOSTICK
STREET ADDRESS	1638 SW 30 th CT
CITY-ST-ZIP	OCALA, FLORIDA 34474

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

See Attached

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris J. Bostick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS J. BOSTICK

4/28/02

Date

352 640-1825

Daytime Phone #

CR2E037B (12/01)

DIRECTOR (D)

HARRIETT BOSTICK

P.O. BOX 771

DUNNELLON, FLORIDA 34430

DIRECTOR (D)

SHIRLEY FRANKVILLE

2320 BAY DRIVE

OCALA, FLORIDA 34478

DOCUMENT # ~~NOT000000-3200~~

TOPS CARE, INC.

FEI: 59-3725121

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