

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03158

1. Entity Name

HIS CARING PLACE, INC.

Principal Place of Business

4700 N.W. 74TH PL.
POMPAHO BEACH FL 33073-3551

Mailing Address

4700 N.W. 74TH PL.
POMPAHO BEACH FL 33073-3551

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

59-2421621

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

Name

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

City

FL

Zip Code

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

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	<input checked="" type="checkbox"/> Delete
NAME	MAGNACCA, JOHN V	
STREET ADDRESS	5950 CATESBY ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLEGAS, R. & E.	
STREET ADDRESS	1272 N.W. 15TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, D. & C.	
STREET ADDRESS	1040 BAYVIEW DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JIM & PATTY	
STREET ADDRESS	2120 NE 44TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAGNACCA, VICTORIA	
STREET ADDRESS	5950 CATESBY ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FOREMAN, MARY	
STREET ADDRESS	5719 NE 17TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bayer, Larry & Barbara	
STREET ADDRESS	2560 NE 46 ST.	
CITY-ST-ZIP	Lighthouse Pt. FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lineman, Lynne & Debbie	
STREET ADDRESS	8207 SW 12 PLACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33068	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lanata, John & Nancy	
STREET ADDRESS	1841 NE 65 CT.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foreman, Gary	
STREET ADDRESS	5719 NE 17 Terr.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

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: Mary Foreman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasurer 1/26/2000 954-429 9222

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90137 028 ****61.25

B0011323



DO NOT WRITE IN THIS SPACE