

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90381 018 ****61.25

DOCUMENT # N39767

1. Entity Name

SUNBELT HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

111 NORTH ORLANDO AVE.
 WINTER PARK FL 32789-3675
 US

111 NORTH ORLANDO AVE.
 WINTER PARK FL 32789-3675
 US

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

65-0211400

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

TRIMBLE, TAMARA L.
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

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:
FEES ARE \$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	PD	<input type="checkbox"/> Delete
NAME	BLOM, LADONNA	
STREET ADDRESS	1600 TAMiami TR 4 TH FL	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, GREGG	
STREET ADDRESS	2600 TAMiami TR 4TH FL	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, MARDIAN J.	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SKILTON, GARY	
STREET ADDRESS	111 NORTH ORLANDO AVNEUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLOCK, L. M	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSCHDT, ROBERT	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6501 Deane Hill Drive	
CITY-ST-ZIP	Knoxville, TN 37919	
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
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]* **RECEIVED** Block

1/31/2000

(407) 975-1493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)