

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 008 ****61.25

0051216

DOCUMENT # N44921

1. Entity Name

TOGETHER WE CARE, INC.

Principal Place of Business

P.O. BOX 32252
 PALM BEACH GARDENS FL 33420

Mailing Address

P.O. BOX 32252
 PALM BEACH GARDENS FL 33420

001443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0284820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I. II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 **P** ☐ Delete
 NAME **SOLODAR, JACQUI**
 STREET ADDRESS **3079 MIRO DR. S.**
 CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **T** ☐ Delete
 NAME **SOLODAR, SHELDON**
 STREET ADDRESS **3079 MIRO DR. S.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **S** ☒ Delete
 NAME **~~RAWLINS, CAROLYN~~**
 STREET ADDRESS **~~3844 BUTTERCUP CIR.~~**
 CITY-ST-ZIP **~~PALM BEACH GARDENS FL~~**

TITLE **D** ☒ Delete
 NAME **~~KUDMAN, HARRY~~**
 STREET ADDRESS **~~13709 RIVOLI DR.~~**
 CITY-ST-ZIP **~~PALM BCH GDNS FL~~**

TITLE **D** ☒ Delete
 NAME **~~LEBED, HARTZEL~~**
 STREET ADDRESS **~~13323 DEAVALLIS DR.~~**
 CITY-ST-ZIP **~~PALM BCH GDNS FL~~**

TITLE **S** ☐ Delete
 NAME **~~LEBEL~~ LEBELMAN, MARK**
 STREET ADDRESS **~~13221 BURGUNDY DR. S.~~**
 CITY-ST-ZIP **~~PALM BCH GDNS FL~~**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **LOKOFF, KAY**
 STREET ADDRESS **3791 LEPAGE WAY**
 CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **GERSON, LARRY A.**
 STREET ADDRESS **8895 N. MILITARY TRAIL 203D**
 CITY-ST-ZIP **PALM BCH GDNS FL**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

561-624-9063
 Daytime Phone

CR2E037 (10/00)