

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45345

1. Entity Name

ELDER CARE OF MANATEE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90058 030 ****61.25

Principal Place of Business

Mailing Address

811 23RD AVENUE EAST
BRADENTON FL 34208

811 23RD AVENUE EAST
BRADENTON FL 34208-3735

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

NOT APPLICABLE

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

ROSS, JANET J
423 63RD ST.,W.
BRADENTON FL 34209

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KESTEN, MURRAY
STREET ADDRESS 6773 MANATEE AVE.,W.
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BARR, KENNETH D
STREET ADDRESS 5611 8TH AVE W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ROSS, JANET J
STREET ADDRESS 423 63RD ST.,W.
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☐ Delete
NAME CAMPBELL ELLEN J.
STREET ADDRESS 7807 18TH AVE. NW
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6505 44TH AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: *Ellen J. Campbell* **NOTICE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)