

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004939

1. Entity Name

INTECARE, INC.

Principal Place of Business

3627 UNIVERSITY BLVD. SOUTH
SUITE 720
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
SUITE 720
JACKSONVILLE FL 32216-7403

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

59-3217514

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	VD	<input type="checkbox"/> Delete
NAME	HAGAN, KENNETH	
STREET ADDRESS	5757 BOOTH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GRIFFIN, E. RAURSON	
STREET ADDRESS	105 FOXRIDGE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUGER, HAROLD	
STREET ADDRESS	3627 UNIVERSITY BLVD S SUITE 720	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRIEGER, ROBERT	
STREET ADDRESS	2001 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	VAN ARKEL, TERENCE	
STREET ADDRESS	2001 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ETHEREDGE, REX	
STREET ADDRESS	3627 UNIVERSITY BLVD, S	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	E. Raurson Griffin	
STREET ADDRESS	105 Foxridge	
CITY-ST-ZIP	Orange Park, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

1/17/00

904 391-1242

Date

Daytime Phone #

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

01-26-2000 90128 019 ****61.25



DO NOT WRITE IN THIS SPACE