

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N940000000081

1. Entity Name
Floridians for Improved Elderly Care

FILED

01 JUN -5 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address - same
270 Holland Building
600 South Calhoun Street
Tallahassee, FL 32314

2. Principal Place of Business 600 South Calhoun St. Suite, Apt. #, etc. 270 Holland Building City & State Tallahassee, Florida Zip 32301	3. Mailing Address 600 South Calhoun St. Suite, Apt. #, etc. 270 Holland Building City & State Tallahassee, Florida Zip 32301
Country Leon	Country Leon

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216865	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

Rachin, Steven L.
270 Holland Building
600 South Calhoun Street
Tallahassee, FL 32314

7. Name and Address of New Registered Agent

Name Janet L. Findling
Street Address (P.O. Box Number is Not Acceptable)
1409 Wekewa Nene
City Tallahassee FL Zip Code 32301

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  Steven L. Rachin May 31, 2001
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 NAME STREET ADDRESS CITY-ST-ZIP	D Steve Rachin 6275 Whittondale Drive Tallahassee, Florida 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ella Lawrence 327 Salvador Drive Port Charlotte, Florida 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nathaniel Washington 7235 Pastie Drive Jacksonville, Florida 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janet L. Findling 1409 Wekewa Nene Tallahassee, Florida 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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: changed, or on an attachment with an address, with all other like empowered.