NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90085 008 ****61.25

DOCUMENT # N94000000081

1. Entity Name

FLORIDIANS FOR IMPROVED ELDERLY CARE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6287 BAHIA DEL MAR CIR	6287 BAHIA DEL MAR CIR.
Suite, Apt. #, etc.: #1301	Suite, Apt. #, etc.: #1301
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33715 Country: PINELLAS	Zip: 33715 Country: PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3216865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDWARD D. FORMAN

Street Address (P.O. Box Number is Not Acceptable): 6287 BAHIA DEL MAR CIRCLE #1301

City: ST. PETERSBURG **FL** Zip Code: 33715

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: _____ EDWARD D. FORMAN 4/24/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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/D	TITLE	
NAME	LUCIENNE de WETTE	NAME	
STREET ADDRESS	2121 N. OCEAN BLVD. #104-E	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	EDWARD D. FORMAN	NAME	
STREET ADDRESS	6287 BAHIA DEL MAR CIRCLE #1301	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	ELLA LAWRENCE	NAME	
STREET ADDRESS	327 SALVADOR DR.	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33983	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	D	TITLE	
NAME	JANET L. FINDLING	NAME	
STREET ADDRESS	1409 WEKEWA NENE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EDWARD D. FORMAN 4/24/2002 727-867-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #