

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003225

1. Entity Name

TRI-COUNTY COUNCIL FOR SENIOR HEALTH CARE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90127 032 \*\*\*\*61.25

Principal Place of Business

4918 FLORAMAR TERR  
NEW PORT RICHEY FL 34652  
US

Mailing Address

4918 FLORAMAR TERRACE  
NEW PORT RICHEY FL 34652-3300  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOK, JOAN N  
4918 FLORAMAR TERRACE  
NEW PORT RICHEY FL 34652

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

*Joan Nelson Hook*

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 D ☒ Delete  
NAME GAY, GREGORY G  
STREET ADDRESS 7831 CALLAN COURT  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE PD ☐ Delete  
NAME HOOK, JOAN N  
STREET ADDRESS 5091 ENSIGN LOOP  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE D ☒ Delete  
NAME REPLOEG, DEE  
STREET ADDRESS 10185 CORTEZ BLVD  
CITY-ST-ZIP BROOKSVILLE FL

TITLE T ☒ Delete  
NAME WILKES, NANCY  
STREET ADDRESS PO BOX 3208 N/A  
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition  
NAME Shannon Caraccia  
STREET ADDRESS 10026 River Road  
CITY-ST-ZIP New Port Richey, FL 34652

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

TITLE Director ☒ Change ☐ Addition  
NAME Joan B. Lewis  
STREET ADDRESS 3235 Canal Pkage  
CITY-ST-ZIP Land O' Lakes, FL 34639

TITLE Treasurer ☒ Change ☐ Addition  
NAME monica Simmons  
STREET ADDRESS 11014 grant Dr.  
CITY-ST-ZIP Port Richey, FL 34668

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

4-17-00 727-842-1001

Date

Daytime Phone #