

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0076931

DOCUMENT # N94000003225

1. Entity Name

TRI-COUNTY COUNCIL FOR SENIOR HEALTH CARE, INC.

02-01-2001 90039 023 ****61.25

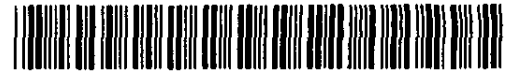
Principal Place of Business

**4918 FLORAMAR TERR
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**4918 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US**

00012278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3252867**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	GAY, GREGORY G	
STREET ADDRESS	7831 CALLAN COURT	
CITY-ST-ZIP	NEW PT. RICHEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOK, JOAN N	
STREET ADDRESS	5091 ENSIGN LOOP	
CITY-ST-ZIP	NEW PT. RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REPLOEG, DEE	
STREET ADDRESS	10105 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILKES, NANCY	
STREET ADDRESS	PO BOX 3208 N/A	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon M. Caraccia	
STREET ADDRESS	6026 River Road	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan B. Lewis	
STREET ADDRESS	3235 Canal Place	
CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica A. Simmons	
STREET ADDRESS	11014 Grant Drive	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan Nelson Hook*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 **727-842-1001**
 Date Daytime Phone #

CR2E037 (10/00)