

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90112 012 ****61.25

DOCUMENT # N94000003225

1. Entity Name

TRI-COUNTY COUNCIL FOR SENIOR HEALTH CARE, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-3252867**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CARACCIA, SHANNON M**
STREET ADDRESS **6026 RIVER ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

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

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

TITLE **D** ☐ Delete
NAME **LEWIS, JOAN B**
STREET ADDRESS **3235 CANAL PLACE**
CITY-ST-ZIP **LAND O LAKES FL 34639**

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

TITLE **T** ☐ Delete
NAME **SIMMONS, MONICA A**
STREET ADDRESS **11014 GRANT DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)

1-06-03 727-842-1001

Date

Daytime Phone #

CR2E037 (10/02)