

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003261

1. Entity Name

SENIOR CARE MINISTRIES, INC.

Principal Place of Business

9715 S.W. 142ND DRIVE
MIAMI FL 33176

Mailing Address

9715 S.W. 142ND DRIVE
MIAMI FL 33176-6741

2. Principal Place of Business

4712 Pepper Bush Lane

Suite, Apt. #, etc.

3. Mailing Address

4712 Pepper Bush Lane

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

33436

Country

City & State

Boynton Beach, FL.

Zip

33436

Country

4. FEI Number

65-0503425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Robert C. Eberst

Street Address (P.O. Box Number is Not Acceptable)

4712 Pepper Bush Lane

City

Boynton Beach FL

Zip Code

33436

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

Robert C. Eberst

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/2000

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

PCD
EBERST, ROBERT C
9715 S.W. 142ND DRIVE
MIAMI FL

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
BROOKS, CECIL A
9123 SHETLAND TRACE 10206
JASPER GA 30143

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
FROST, GORDON W
9311 N.W. 38TH PLACE
SUNRISE FL

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
OTTINGER, JOHN T
451 BATTERSEA ROAD
LAWRENCEVILLE GA

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
UNDERWOOD, JOHN K
2380 LEAF LAND DRIVE
DULUTH GA

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4712 Pepper Bush Lane
Boynton Beach, FL 33436

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert C. Eberst

1/17/2000 561.752.4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #