

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003941

1. Entity Name

TENDER LOVING CARE COMPLEX, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 005 ****61.25

Principal Place of Business

2104 SW 52 LN
CAPE CORAL FL 33914-6848

Mailing Address

2104 SW 52 LN
CAPE CORAL FL 33914-6848

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0563230

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

RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PKWY
SUITE 206
NAPLES FL 33942

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:

FEES 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	CO	<input type="checkbox"/> Delete
NAME	MAGNESS, SHERRY A	
STREET ADDRESS	2104 SW 52 LN	
CITY-ST-ZIP	CAPE CORAL FL 33914-6848	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUISENBERRY, WILLIAM	
STREET ADDRESS	2811 SW 32ND ST.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SDVP-CH	<input type="checkbox"/> Delete
NAME	BLUETT, BRIAN PASTOR	
STREET ADDRESS	629 SE 35TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHMAN, KENNETH W JR.	
STREET ADDRESS	2640 GOLDEN GATE PKWY SUITE 206	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUBIER, RUTH	
STREET ADDRESS	5245 BIG PINE WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SILVIN, BETTY C.	
STREET ADDRESS	2638 SW 46TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	PROS & EXEC. DIR.	<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		
TITLE	VP-CHRISTIAN PROG.	<input checked="" 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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)