

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003941**

1. Entity Name

TENDER LOVING CARE COMPLEX, INC.**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90133 047 ****61.25

Principal Place of Business

Mailing Address

2104 SW 52 LN
CAPE CORAL FL 33914-68482104 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

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: FEE IS \$61.259. 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
CEOD
MAGNESS, SHERRY A
2104 SW 52 LN
CAPE CORAL FL 33914-6848 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAGRASS, ROBERT
411 SE 31ST TERRACE
CAPE CORAL FL 33904-3473 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PKWY SUITE 206
NAPLES FL 33942 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOUBIER, RUTH
5245 BIG PINE WAY
FT MYERS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GREENWOOD, VIRGINIA
4208 SE 7TH PLACE
CAPE CORAL FL 33904 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: *Sherry A. Magness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)