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

DOCUMENT # N9500003941

TENDER LOVING CARE COMPLEX, INC.								03-03-2003 90471 010 ****61.25				
2104 SW 52 LN 21			2104	Mailing Address HO4 SW 52 LN CAPE CORAL FL 33914-6848				30039291				
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Num	ber 65-056323 0)		pplied For
Zip Country			Z	ip	Cou	ntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Register	ed Agent			· _~~	7. Name ar	nd Address of New	Registeres	•	
						Name		· · · · · · · · · · · · · · · · · · ·	id Address of New	vealsteac	Agent	
RICHMAN, KENNETH W JR. 2640 GOLDEN GATE PKWY					Street Address (P.O. Box Numi	ber is Not Acceptat	ole)		
Suite 206 Naples FL 33942						City					1 = 0	
	<u> </u>							Fl				
the obligation in the obligati	e named entity ations of registe	submits this statement for red agent.	r the purp	oose of changing its r	egistere	d office o	or registere	ed agent, or b	oth, in the State of F	lorida. Lam	familiar with	and accept
. ,	Signature, typed or	r printed name of registered agent	and title if ap	plicable. (NOTE:	Registered	Agent signa	sture required v	when reinstating)		DATE		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Added to Fee			k Payable	
10.		OFFICERS AND DIF	ECTORS		14			DOITION DVO	10105050			
TITLE	CEOD	OT TOLING AND DI	LOTONS	☐ Delete	11.		A	DDITIONS/CI	HANGES TO OFFIC	ERS AND D		
IAME	MAGNESS,	SHERRY A		Delete	NAME						☐ Change	☐ Addition
TREET ADDRESS	2104 SW 5					T ADDRESS						
CITY-ST-ZIP	CAPE COR/	AL FL 33914-6848			CITY-S	ST-ZIP	[
ITLE	SD			☐ Delete	TITLE		_				☐ Change	Addition
IAME		Kenneth W Jr.			NAME						onlinge	
TREET ADDRESS	2640 GOLD	EN GATE PKWY SUIT	E 206	_		ADDRESS						
	NAPLES FL	33942			- CITY-S	ST-ZIP	.a		-,			
ITLE IAME	ID Loubier, R	ifts		Delete	TITLE						☐ Change	☐ Addition
TREET ADDRESS	5245 BIG PI				NAME]					
ITY-ST-ZIP	FT MYERS				CITY-S	ADDRESS						
TLE	VP			D Dalas	-	1-24	_					
AME	GREENWOO	D. VIRGINIA		☐ Delete	TITLE NAME						Change	☐ Addition
TREET ADDRESS	4208 SE 7TI	•				ADDRESS						
ITY-ST-ZIP	CAPE CORA				CITY-S							
TLE				☐ Delete	TITLE						☐ Change	Addition)
AME					NAME						□ cuange	
FREET ADDRESS					STREET	ADDRESS						
TY-ST-ZIP	<u> </u>				CITY-S	T-ZiP						}
TLE				☐ Delete	TITLE						☐ Change	Addition
AME					NAME	- 1			•			

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of true 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

542-4800

FILED

Mar 03, 2003 8:00 am § Secretary of State