

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004853

1. Entity Name

TENDER LOVING CARE CHRISTIAN CENTER, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90012 033 ****61.25

Principal Place of Business

Mailing Address

11389 DEEP CREEK DRIVE
SPRING HILL FL 33604
US

P.O. BOX 10351
BROOKSVILLE FL 34603-0351
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Country Village Complex

Suite, Apt. #, etc.

22287 Cortez Boulevard

City & State

Brooksville, Florida

Zip

34601

Country

USA

Zip

Country

4. FEI Number

26-2718646

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

Name

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

City

FL

Zip Code

HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601

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 \$61.25

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 **D** ☐ Delete
NAME **ADKINS, DARRELL**
STREET ADDRESS **3724 WADE ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** ☐ Delete
NAME **ADKINS, MARGARET**
STREET ADDRESS **1486 MERCY DRIVE APT. 4**
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** ☒ Delete
NAME **HICK, TOMIKA**
STREET ADDRESS **823 SHAYNE STREET**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **D** ☐ Delete
NAME **HUDSON, MALCOLM G SR.**
STREET ADDRESS **215 WALKER AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **CP** ☐ Delete
NAME **ADKINS, WILENE**
STREET ADDRESS **11389 DEEP CREEK DRIVE**
CITY-ST-ZIP **SPRING HILL FL 33604**

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

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)