

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002213

1. Entity Name

ELDER HELPERS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90038 021 ****61.25

Principal Place of Business

Mailing Address

4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465

4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465-4776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3423456

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

PITTS, JAMES R
4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465

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 \$61.25**

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	PD	<input type="checkbox"/> Delete
NAME	PITTS, JAMES R	
STREET ADDRESS	4224 N STANWYCK TERR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EMMERSON, MILO E	
STREET ADDRESS	4554 E WINDMILL DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SPARKMAN, HENRI T	
STREET ADDRESS	7544 E. RINGER COURT	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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 REQUIRED
James R. Pitts

2-7-2000 32527-0523

Date

Daytime Phone #

CR2E037 (9/99)