

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/27/

01-27-2003 90125 016 ****61.25

DOCUMENT # N96000002343

1. Entity Name
SENIOR CARE OF BREVARD COUNTY, INC.



Principal Place of Business
**300 TUCKER LANE
COCOA FL 32926-105
US**

Mailing Address
**300 TUCKER LANE
COCOA FL 32926**



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 **59-3378672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**PLEW, ANN
300 TUCKER LANE
COCOA FL 32926-3105**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RICHARDSON, JOHN C.	
STREET ADDRESS	838 MALLARD	
CITY-ST-ZIP	COCOA FL	
TITLE	D	☐ Delete
NAME	WILLEKE, ROBERT JR.	
STREET ADDRESS	300 TUCKER LANE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	☐ Delete
NAME	PLEW, ANN	
STREET ADDRESS	2245 WESTMINSTER DR	
CITY-ST-ZIP	COCOA FL	
TITLE	T	☒ Delete
NAME	ALONSO, RANDY	
STREET ADDRESS	300 TUCKER LANE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	☒ Delete
NAME	BELL, PENNY	
STREET ADDRESS	3685 S SHERWOOD CIRCLE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	☐ Delete
NAME	PRESTON, MARGE	
STREET ADDRESS	2470 VERMONT STREET	
CITY-ST-ZIP	WEST MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	PENNY BELL	
STREET ADDRESS	3685 S. SHERWOOD CIRCLE	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE		☐ Change ☐ 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:

REQUIRED

1-17-03

Date

Daytime Phone #

CR2E037 (10/02)