

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000386

1. Entity Name

POLK COUNTY FAMILY CAREGIVERS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 040 ****61.25

Principal Place of Business

Mailing Address

4509 ARLINGTON PARK DRIVE
LAKELAND FL 33801

4509 ARLINGTON PARK DRIVE
LAKELAND FL 33801-0549

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

59-3425655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERSCH, HENRY
4509 ARLINGTON PARK DRIVE
LAKELAND FL 33801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERSCH, HENRY
4509 ARLINGTON PARK DRIVE
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'REILLY, ALICE
4406 S. FLORIDA AVENUE, #27
LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(ADDRESS) ☒ Change ☐ Addition
853 SOUTH NEW YORK AVE.
LAKELAND FL 33815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STORMS, WALT DR HS07
4509 ARLINGTON PARK DRIVE
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONSTANCE, EDWIN
4513 ARLINGTON PARK DRIVE
LAKELAND FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DICKTER, RICHARD
3142 WEST HENDERSON CIRCLE
LAKELAND, FL 33803 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEARNS, DAVID B
4528 DELMAR DRIVE
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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: *Richard Dickter* RICHARD DICKTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APRIL 2000

Date

863-686-9709

Daytime Phone #