2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
02-21-2000 90032 050 ****70.00

DOCUMENT # N98000000984

1. Entity Name

FAMILY EXTENDED CARE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1411 NORTHWEST 14TH AVENUE MIAMI FL 33125	1411 NORTHWEST 14TH AVENUE MIAMI FL 33125-1616

DO NOT WRITE IN THIS SPACE

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 65-0839761 ☐ 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
ANIELLO, JOSEPH ED.D. 1411 NORTHWEST 14TH AVENUE MIAMI FL 33125	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	PCD ANIELLO, JOSEPH 1411 NORTHWEST 14TH AVENUE MIAMI FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SCHILLENGER, JACK 1225 NE 93 ST. MIPOLL FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LUSTIE, ROY R 2600 DOUGLAS RD. 911 CORAL GABLES FL 33134	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 2/20/00 305 325 7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VENDOR #	VENDOR NAME	CHECK NO.	CHECK DATE
353	Dept of State	1010	01/26/00

INVOICE NO.	DESCRIPTION	DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
CERTIF	OF STATE	01/13/00	70.00	0.00	70.00
			N98000000984		
			D03292 2		
		TOTALS	70.00	0.00	70.00

FAMILY EXTENDED CARE, INC
CABOT RESERVE ON THE GREEN

OPERATING ACCOUNT
1411 N.W. 14TH AVENUE
MIAMI, FLORIDA 33125

FIRST UNION NATIONAL BANK
OF FLORIDA
VOID AFTER 180 DAYS

63-643
670

DATE	CHECK NO.	AMOUNT
01/26/00	1010	********70.00

PAY SEVENTY AND 00/100----------

TO THE ORDER OF
Dept of State
Division of Corportations
P.O. Box 1500
Tallahassee FL 323021500

AUTHORIZED SIGNATURE
NON-NEGOTIABLE AFTER 180 DAYS

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE