## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # N98000000984 FAMILY EXTENDED CARE OF SARASOTA, INC. 02-21-2000 90032 050 \*\*\*\*70.00 Principal Place of Business Mailing Address 1411 NORTHWEST 14TH AVENUE 1411 NORTHWEST 14TH AVENUE MIAMI FL 33125 MIAM! FL 33125-1616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0839761 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --5. 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) ANIELLO, JOSEPH ED.D. 1411 NORTHWEST 14TH AVENUE MIAMI FL 33125 City 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 Make Check Payable to FILE NOW 9. Election Campaign Financing \$5.00 May Be FEE 15 \$61.25 Trust Fund Contribution. Added to Fees Department of State CA WILLY OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCD TITLE Defete TITLE Change Addition ANIELLO, JOSEPH NAME STREET ADDRESS 1411 NORTHWEST 14TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33125 TITLE: ☑ Delete---Change --- Addition-TITLE -SCHILLENGER, JACK NAME NAME STREET ADDRESS 1225 NE 93 ST. STREET ADDRESS CITY-ST-ZIA CITY-ST-712 MIPOLL FL 33138 Delate TITLE TITLE ☐ Change Addition LUSTIE, ROY R NAME NAME STREET ADORESS 2600 DOUGLAS RD. 911 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP CORAL GABLES FL 33 134 III) F ☐ Delete THILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 it 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 game appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Dalete

Date

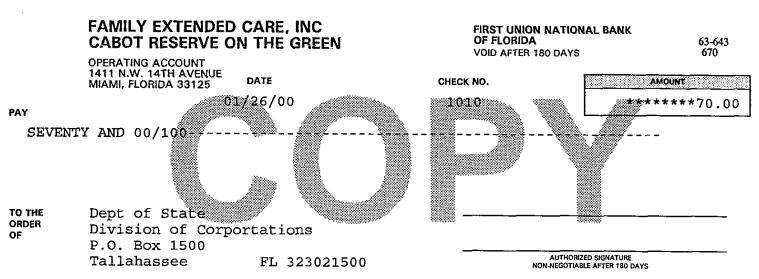
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☐ Change

Addition

VENDOR	53 Dept of State	1	СН	eck no. 1010	CHECK DATE 01/26/00
INVOISE NO.	) DESCRIPTION	DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
CERTIF	OF STATE	01/13/00	70.00	0.00	70.00
			N 980000	984	
			N 9800000 D03292	2	
<u> </u>	<u> </u>	TOTALS	70.00	0.00	70.00

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