

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0076201

**DOCUMENT # N98000002741**

1. Entity Name

**AVANCE, INC.**

05-17-2001 91069 049 \*\*\*\*\*61.25

**A0069002**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3475 S SUNCOAST BLVD  
HOMOSASSA FL 34448**

Mailing Address

**3475 S SUNCOAST BLVD  
HOMOSASSA FL 34448**

2. Principal Place of Business

3. Mailing Address

**1029 MEDICAL CIRCLE CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 200**

City & State

**MAYFIELD, KY**

4. FEI Number

**59-3514992**

Applied For

Not Applicable

Zip

Country

Zip

Country

**42066**

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

**JOHNSON, SHERRI L  
330 S ORANGE AVENUE  
SARASOTA FL 34236**

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	<b>D</b> <b>ARGOTTE, ALEX</b> <b>C/O 3475 S SUNCOAST BLVD.</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARGOTTE, FREDDY</b> <b>C/O 3475 S SUNCOAST BLVD.</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICARD, MARIA</b> <b>C/O 3475 S SUNCOAST BLVD</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARGOTTE, MARTHA</b> <b>C/O 3475 S SUNCOAST BLVD.</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, SYLVIA</b> <b>C/O 3475 S SUNCOAST BLVD.</b> <b>HOMOSASSA FL 34448</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURAN, CATHY</b> <b>C/O 3475 S SUNCOAST BLVD.</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1029 MEDICAL CENTER CIRCLE</b> <b>SUITE 200</b> <b>MAYFIELD, KY 42066</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALEX ARGOTTE -</b> <b>1029 MEDICAL CENTER CIRCLE</b> <b>SUITE 200</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAYFIELD, KY 42066</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**4/25/01**

CR2E037 (10/00)