

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90326 009 ****70.00

DOCUMENT # N99000002329

1. Entity Name

FAMILY EXTENDED CARE OF NAPLES, INC.

Principal Place of Business

Mailing Address

**1411 NORTHWEST 14TH AVENUE
 MIAMI FL 33125**

**1411 NORTHWEST 14TH AVENUE
 MIAMI FL 33125**

2. Principal Place of Business

10899 S.W. 4th Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number

65-0910707

Applied For

Not Applicable

Zip
33174

Country
USA

Zip

Country

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 **Roy R. Lustig, Esq.**

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

2600 Douglas Road, Suite 908

City
Coral Gables,

FL

Zip Code
33134

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

Roy R. Lustig, Esq.

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 **CD** ☒ Delete
 NAME **SCHILLINGER, JACK**
 STREET ADDRESS **1411 NORTHWEST 14TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PD** ☐ Change ☐ Addition
 NAME **Aniello, Joseph**
 STREET ADDRESS **10899 S.W. 4th Street**
 CITY-ST-ZIP **Miami, Florida 33174**

TITLE **PCD** ☐ Delete
 NAME **ANIELLO, JOSEPH A**
 STREET ADDRESS **1411 NORTHWEST 14TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **CD** ☒ Change ☐ Addition
 NAME **Lustig, Roy**
 STREET ADDRESS **2600 Douglas Road Suite 908**
 CITY-ST-ZIP **Coral Gables, FL**

TITLE **BMD** ☒ Delete
 NAME **SCHILLINGER, MARJORIE**
 STREET ADDRESS **1411 NORTHWEST 14TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VCD** ☒ Change ☐ Addition
 NAME **Gentry, Ray**
 STREET ADDRESS **4403 Chowning Way**
 CITY-ST-ZIP **Atlanta, GA 30338**

TITLE **STD** ☒ Delete
 NAME **LUSTIG, ROY R**
 STREET ADDRESS **2600 DOUGLAS RD #911**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Joseph A. Aniello, PD 4-10-02 (305) 542-2189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)