

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002453

1. Entity Name

LIFETIDES HOME, INC.

Principal Place of Business

Mailing Address

2547 COUNTRYSIDE BLVD SUITE 2  
CLEARWATER FL 33761

2547 COUNTRYSIDE BLVD SUITE 2  
CLEARWATER FL 33761-3505

2. Principal Place of Business

3133 Las Olas Drive

3. Mailing Address

Suite, Apt. #, etc.

Dunedin, Florida

City & State

Suite, Apt. #, etc.

City & State

Zip

34698

Country

U.S.A.

Zip

Country

4. FEI Number

59-7450873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIMENO, SUE  
2095 OTTER WAY  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME GIMENO, SUE  
STREET ADDRESS 2095 OTTER WAY  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete  
NAME LAWSON, ROBERTA  
STREET ADDRESS 3945 FIRST AVE. S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE D ☐ Delete  
NAME BEAVERS, GERALDINE  
STREET ADDRESS 273 DIOGNES ST.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ Addition  
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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:

SUE GIMENO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90046 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)