

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90142 002 ***558.75

DOCUMENT # P01000018027

1. Entity Name
TRANQUILITY ADULT DAY CARE CENTER INC.

Principal Place of Business

**7505-2 ALOMA AVE
WINTER PARK FL 32792**

Mailing Address

**7505-2 ALOMA AVE
WINTER PARK FL 32792**

2. Principal Place of Business

7507-2 ALOMA AVE.

3. Mailing Address

7507-2 ALOMA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

City & State

WINTER PARK, FL.

4. FEI Number

59-3712386

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIOTT, EDA
7505-2 ALOMA AVE
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name
HARRIOTT, EDA
Street Address (P.O. Box Number is Not Acceptable)
7507-2 ALOMA AVE
City **WINTER PARK** FL Zip Code **32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARRIOTT, EDA**
STREET ADDRESS **7505-2 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
NAME **MCMILLAN, SANDRA**
STREET ADDRESS **7505-2 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
NAME **MCMILLAN, BASIL**
STREET ADDRESS **7505-2 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **HARRIOTT, EDA**
STREET ADDRESS **7507-2 ALOMA AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ Change ☐ Addition
NAME **MCMILLAN, SANDRA**
STREET ADDRESS **7507-2 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **T** ☐ Change ☐ Addition
NAME **MCMILLAN, BASIL**
STREET ADDRESS **7507-2 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BASIL MCMILLAN

08/26/02

407 762 6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)