

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90238 038 \*\*\*158.75

**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**  
Suite, Apt. #, etc.

3. Mailing Address  
**7507-2 ALOMA AVE**  
Suite, Apt. #, etc.

City & State  
**WINTER PARK, FL.**  
Zip  
**32792**  
Country  
**USA**

City & State  
**WINTER PARK, FL.**  
Zip  
**32792**  
Country  
**USA**

4. FEI Number  
**59-3712386**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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  
**MCMILLAN, SANDRA**  
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 *Sandra C. McMillan* **SANDRA C. MCMILLAN** PRESIDENT. 4/22/03  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARRIOTT, EDA 7505-2 ALOMA AVE WINTER PARK FL 32792</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MCMILLAN, SANDRA 7505-2 ALOMA AVE WINTER PARK FL 32792</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCMILLAN, BASIL 7505-2 ALOMA AVE WINTER PARK FL 32792</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCMILLAN, SANDRA 7507-2 ALOMA AVE WINTER PARK FL 32792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCMILLAN, BASIL 7507-2 ALOMA AVE WINTER PARK FL 32792</b> <input checked="" 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

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 607, 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** *Basil I McMillan* **4/22/03 407 657 6627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)