

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90145 028 ***150.00

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 AV

DOCUMENT # P01000033077

1. Entity Name

LOVING CARE IN HOME SERVICES OF LAKE COUNTY, INC

Principal Place of Business

**107 OKLAHOMA AVE
 LEESBURG FL 34748**

Mailing Address

**P O BOX 1452
 INVERNESS FL 34451**

2. Principal Place of Business

734 N. 3rd St.

3. Mailing Address

P.O. Box 895299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

406-B

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

LAKE

Zip

34789

Country

LAKE

4. FEI Number

59-3723520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TARR, ROBERT E
 107 OKLAHOMA AVE
 LEESBURG FL 34748**

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

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **TARR, ROBERT**
 CITY-ST-ZIP **107 OKLAHOMA AVE
 LEESBURG FL 34748**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **TARR, WILLIAM**
 CITY-ST-ZIP **107 OKLAHOMA AVE
 LEESBURG FL 34748**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **CONNOR, MARY ALICE**
 CITY-ST-ZIP **1139 BEN MORE OR.
 LEESBURG FL 34788**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)