

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000069934**

1. Entity Name  
**LONG TERM CARE INSURANCE SOLUTIONS, INC.**



Principal Place of Business  
**14109 STONEGATE DR  
TAMPA FL 33624**

Mailing Address  
**14109 STONEGATE DR  
TAMPA FL 33624**

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90059 003 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3729998**

Applied For

Not Applicable

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

**MCLURE, ROBERT J III  
14109 STONEGATE DR  
TAMPA FL 33624**

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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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>PS MCCLURE, GEORGIA L 14109 STONEGATE DR TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT MCCLURE, ROBERT J III 14109 STONEGATE DR TAMPA FL 33624</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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **Robert J. McClure III** 9/2/03 (813) 244-1046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment

80146148

#POL00069934

SEPTEMBER 8, 2003

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

LONG TERM CARE INSURANCE SOLUTIONS, INC.

RE: 2003 UNIFORM BUSINESS REPORT

FEI # 59-3729998

DEAR SIR:

OUR CORPORATION DID NOT RECEIVE THE  
PRIOR NOTICE CONCERNING THE FILING OF  
THE 2003 UNIFORM BUSINESS REPORT.

OUR ORIGINAL \$150.00 FILING FEE IS  
ENCLOSED.

THANK YOU FOR YOUR ASSISTANCE WITH THIS

Sincerely,

Brenda J. McClure III

ROBERT J. MCCLURE III

V.P. AND REGISTERED AGENT

LONG TERM CARE INSURANCE SOLUTIONS, INC.

FEI # 59-3729998