

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07199

1. Entity Name

T.G.C. HOME HEALTH CARE, INC.

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90054 049 \*\*\*\*61.25

Principal Place of Business

2511 W. VIRGINIA AVE.  
TAMPA FL 33607

Mailing Address

2511 W. VIRGINIA AVE.  
TAMPA FL 33607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2764924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L  
111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789

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**

**After September 13, 2000 min. will be \$236.25**

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	CPTD	<input type="checkbox"/> Delete
NAME	NORMAN, PAUL	
STREET ADDRESS	7050 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, PAUL	
STREET ADDRESS	7050 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNDON, JUNE	
STREET ADDRESS	7050 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLOCK, MARK L	
STREET ADDRESS	111 N. ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUCHTI, BOB	
STREET ADDRESS	7050 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Mark Block	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*L. Mark Block*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Mark Block, Asst. Secretary

8/9/00

407-975-1413

Date

Daytime Phone #

CR2E037 (5/00)