

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018918

1. Entity Name

THE ELDERCARE CONNECTION, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90025 042 ***150.00

0263006

Principal Place of Business

7101 W. COMMERCIAL BD.
SUITE 4-D
FT. LAUDERDALE FL 33319
US

Mailing Address

7101 W. COMMERCIAL BD.
SUITE 4-D
FT. LAUDERDALE FL 33319
US

528159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7071 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

SUITE 2D

City & State

FT. LAUDERDALE, FL

Zip

33319

Country

USA

3. Mailing Address

7071 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

SUITE 2D

City & State

FT. LAUDERDALE, FL

Zip

33319

Country

USA

4. FEI Number

65-0428995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, KNYVETT

7101 W. COMMERCIAL BLVD., #4-D
FT. LAUDERDALE FL 33319

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]

4/9/01

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, 2001 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: D
NAME: LEE, KNYVETT
STREET ADDRESS: 7101 W. COMMERCIAL BLVD., #4-D
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT ☒ Change ☐ Addition
NAME: LEE, KNYVETT
STREET ADDRESS: 7071 W. COMMERCIAL BLVD, #2D
CITY-ST-ZIP: FT. LAUDERDALE, FL 33319

TITLE: VICE PRESIDENT ☐ Change ☒ Addition
NAME: PELL, RICHARD B.
STREET ADDRESS: 7071 W. COMMERCIAL BLVD 2-D
CITY-ST-ZIP: FT. LAUD FL 33319

TITLE: SECRETARY ☐ Change ☒ Addition
NAME: SUPERMAN, BRUCE S.
STREET ADDRESS: 1752 ANNANDALE CIRCLE
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KNYVETT LEE

Date

Daytime Phone #

4/9/01 954 720 2485

CR2E034 (10/00)