

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014209

1. Entity Name

SUNBELT CARE CORPORATION

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90030 017 ***150.00

714884



DO NOT WRITE IN THIS SPACE

Principal Place of Business
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789
US

Mailing Address
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789-3675
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2645801
Applied For
Not Applicable

Zip Country

Zip Country

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

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TRIMBLE, T. L.	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUCKER JR., WOMACK	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKILTON, GARY	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED: Trimble 1/9/00 407-975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-1 034 (9/99)