

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063041

1. Entity Name

GERICARE ASSOCAITES, INC.

Principal Place of Business

6071 RAVENSWICK TERRACE
DAVIE FL 33331

Mailing Address

6071 RAVENSWICK TERRACE
DAVIE FL 33331

2. Principal Place of Business

3407 Rackley Rd
Suite, Apt. #, etc.
Brooksville FL

3. Mailing Address

3407 Rackley Rd
Suite, Apt. #, etc.
Brooksville, FL

City & State

City & State

4. FEI Number

65-0530993

Applied For
Not Applicable

Zip 34604

Country USA

Zip 34604

Country USA

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, KENNETH P
7975 W. MCNAB RD
TAMARAC FL 33321

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete	TITLE	Weaver, Terry L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, TERRY L		NAME	
STREET ADDRESS	6071 RAVENSWICK TERRACE	<i>see above</i>	STREET ADDRESS	3407 Rackley Rd.
CITY-ST-ZIP	DAVIE FL 33331		CITY-ST-ZIP	Brooksville, FL 34604
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Terry Weaver 1/10/01 352.779.8284
or 352.779.4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

055362