

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063041

1. Entity Name  
GERICARE ASSOCIATES, 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  
City & State

3. Mailing Address  
3407 Rackley Rd  
Suite, Apt. #, etc.  
Brooksville, FL  
City & State

Zip  
34604  
Country  
USA

Zip  
34604  
Country  
USA

4. FEI Number 65-0530993

Applied For  
Not Applicable

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEAVER, TERRY L  
6071 RAVENSWICK TERRACE  
DAVIE FL 33331 *see above*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Weaver, Terry L  
3407 Rackley Rd.  
Brooksville, FL 34604 *WDR* ☒ Change ☐ Addition

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

1/10/01 352-799-2284  
or 352-799-4217

0653632

CR2E034 (10/00)

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90062 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE