

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000071029**1. Entity Name
LAKESHORE VILLAS HOME HEALTH, INC.Principal Place of Business
**16002 LAKESHORE VILLA DRIVE
TAMPA FL 33613**Mailing Address
**16002 LAKESHORE VILLA DRIVE
TAMPA FL 33613**2. Principal Place of Business
6428 RENWICK CIRCLE

Suite, Apt. #, etc.

3. Mailing Address
6428 RENWICK CIRCLE

Suite, Apt. #, etc.

City & State
TAMPA, FLCity & State
TAMPA, FLZip
33647Country
HILLSBOROUGHZip
33647Country
HILLSBOROUGH4. FEI Number **65-0524565**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOEHRING, ROLAND A
6428 RENWICK CIRCLE
TAMPA FL 33647**

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
GOEHRING, ROLAND A
6428 RENWICK CIRCLE
TAMPA FL 33647** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOEHRING, MARY L
6428 RENWICK CIRCLE
TAMPA FL 33647** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOEHRING, DAVID R
6428 RENWICK CIRCLE
TAMPA FL 33647** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE: *David R. Goehring*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 813-631-0132
Date Daytime Phone #**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90021 020 ***150.00

B0052881

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)