

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000589

1. Entity Name

PERSONAL CARE MANAGERS OF AMERICA, INC.

R

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90034 040 \*\*\*150.00

Principal Place of Business

2200 NORTH FEDERAL HWY. S-202  
 BOCA RATON FL 33431  
 US

Mailing Address

2200 NORTH FEDERAL HWY. S-202  
 BOCA RATON FL 33431  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0546704

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

BODEN, JOHN  
 2200 NORTH FEDERAL HWY, S-202  
 BOCA RATON FL 33431

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS BODEN, PATRICIA B  
 CITY-ST-ZIP 2772 NE 30TH AVE., #8C  
 LIGHTHOUSE FL 33064

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BODEN, JOHN B  
 CITY-ST-ZIP 2772 NE 30TH AVE., 8C  
 LIGHTHOUSE FL 33064

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

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

Date

Daytime Phone #

CR2E034 (5/00)



## **Elder Care Managers**

2200 N. Federal Highway • Suite 202 • Boca Raton FL 33431-7755 • Phone (561) 368-2477 • Fax (561) 368-2305

e-mail: [gcm@elderissues.com](mailto:gcm@elderissues.com) • Web Site: [www.elderissues.com](http://www.elderissues.com)

*Attachment P9500000589 B0104161*

July 26, 2000

Division of Corporations  
Uniform Business Report Filing  
P.O. box 1500  
Tallahassee, FL 32302-1500

Re: Second Notice

To Whom It May Concern,

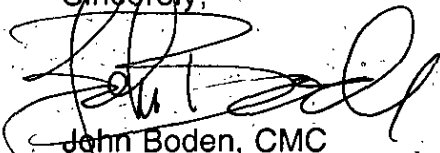
I spoke with Wendy Deck on July 26, 2000, informing her I just received a "Second Notice" of the 2000 UNIFORM BUSINESS REPORT.

As I explained to her, we did not receive the "First Notice." We have had some difficulty with mail delivery. We have many times received mail belonging to other companies within our building. We forward it on to them, but I am afraid if someone had received the original report in error, it was not forwarded to us.

Wendy advised me to fill out the form and send the original amount due of \$150.00 along with a letter explaining our problem.

If you have any questions, please do not hesitate to contact me.

Sincerely,



John Boden, CMC  
Encl/dr