

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048826

1. Entity Name  
ELDERLY CARE CENTERS, INC.

Principal Place of Business  
872 CANAL VIEW BLVD.  
PORT ORANGE FL 32119

Mailing Address  
872 CANAL VIEW BLVD.  
PORT ORANGE FL 32119

2. Principal Place of Business  
SAME AS ABOVE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS ABOVE  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3327602

Applied For  
Not Applicable

Zip Country

Zip Country  
Volusia

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

MCCULLOUGH, EUGENE H  
170 S. HALIFAX AVE.  
DAYTONA BEACH FL 32118

Name  
SAME AS #6  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELLIS, PATRICIA  
872 CANAL VIEW BLVD.  
PORT ORANGE FL 32119 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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: Patricia Ellis, Patricia Ellis, Pres. 3-20-01 (904) 788-0462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90095 001 \*\*\*150.00  
03-27-2001 90095 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)