

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094266

1. Entity Name

LUTHER'S GROVE CARE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90049 009 ***150.00

Principal Place of Business

4655 8TH ST
VERO BEACH FL 32968

Mailing Address

P O BOX 1077
VERO BEACH FL 32961-1077
US

2. Principal Place of Business

2107 Trowbridge Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Pierce, Fla.

City & State

Zip

Country

34945 US

Zip

Country

4. FEI Number

65-0631450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTHER, JEFFREY W
4655 8TH ST
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name LUTHER, JEFFREY W

Street Address (P.O. Box Number is Not Acceptable)

2107 TROWBRIDGE ROAD

City FT. PIERCE

FL

Zip Code 34945

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, type 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, 2000 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 DP
NAME LUTHER, JEFFREY W
STREET ADDRESS 4655 8TH ST.,POB 1077
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE V
NAME LUTHER, WILLIAM J.
STREET ADDRESS 4655 8TH ST
CITY-ST-ZIP VERO BCH FL ☐ Delete

TITLE ST
NAME LUTHER, SHARON
STREET ADDRESS 4655 8TH ST
CITY-ST-ZIP VERO BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000

561 461-5572

CR2E034 (9/99)