

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90136 050 \*\*\*150.00

**DOCUMENT # P96000010752**

1. Entity Name

**OAKFAIR HOME CARE, INC.**

Principal Place of Business

Mailing Address

796 CARISSA DRIVE  
ROYAL PALM BEACH FL 33411

796 CARISSA DRIVE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

797 Carissa Drive

797 Carissa Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FLA.

City & State

Royal Palm Beach, FLA.

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

4. FEI Number

65-0647861

Applied For

Not Applicable

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

FAIR, PHILLIP  
796 CARISSA DRIVE  
ROYAL PALM BEACH FL 33411

Name

Fair, Philip

Street Address (P.O. Box Numbers Not Acceptable)

797 Carissa Drive

City

Royal Palm Beach,

FL

Zip Code

33411

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

Philip J. Fair

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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	ST	<input type="checkbox"/> Delete
NAME	FAIR, ROBIN M	
STREET ADDRESS	796 CARISSA DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL MARK FAIR	
STREET ADDRESS	650 SW RAY AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director of Nursing Management	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter A. Fair, RN.	
STREET ADDRESS	2510 Pleasant View Rd.	
CITY-ST-ZIP	Woodbury, Tennessee 37190	
TITLE	Director of Nursing Care	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene M. Fair, RN.	
STREET ADDRESS	2510 Pleasant View Rd.	
CITY-ST-ZIP	Woodbury, Tennessee 37190	
TITLE	Director of Computer Tech.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aaron J. Fair	
STREET ADDRESS	797 Carissa Dr.	
CITY-ST-ZIP	Royal Palm Beach, Fla. 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4-25-01 561-252-3921

Date

Daytime Phone #

CR2E034 (10/00)