

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100218

1. Entity Name

EXTENDED FAMILY HOME CARE INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90094 039 ***150.00

Principal Place of Business

Mailing Address

27 WESTGRILL DRIVE
PALM COAST FL

POST OFFICE BOX 354763
PALM COAST FL 32135-4763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20 Biscayne Drive

P.O. Box 354763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

palm coast FL.

palm coast FL.

4. FEI Number 59-3414199

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

LEE, ELVA
1 BISCAYNE PLACE
PALM COAST FL 32137

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEE, ELVA S
STREET ADDRESS 1 BISCAYNE PLACE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

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

TITLE TD
NAME LEE, JAMES T SR.
STREET ADDRESS 1 BISCAYNE PLACE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

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

TITLE VPD
NAME LEE, KAREN P
STREET ADDRESS 31 WOODSIDE DRIVE
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE VPD
NAME LEE CRYSTAL
STREET ADDRESS 5A EATON LANE
CITY-ST-ZIP PALM COAST FL 32164 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Elva S. Lee* LEE, ELVA S. Lee PD. 4/25/00 409-4457305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)