

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90088 036 ***550.00

DOCUMENT # P97000017526

1. Entity Name

LOVING CARE FOR THE ELDERLY, INC.

Principal Place of Business

228 NORTH CENTER STREET
 EUSTIS FL 32726

Mailing Address

228 NORTH CENTER STREET
 EUSTIS FL 32726

DU157815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

228 N. Center St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Zip

Country

4. FEI Number

59-3429846

Applied For

Not Applicable

Zip

32726

Country

Lake

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

MINX, RUSSELL D

228 NORTH CENTER STREET

EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 P
 NAME MINX, RUSSELL D
 STREET ADDRESS 228 NORTH CENTER STREET
 CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE Pres: LW
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-0202 352-589-8944

CR2E034 (4/02)