

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019285

1. Entity Name

GERIATRIC CARE MANAGEMENT AND COUNSELING SERVICE

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90011 008 ***150.00

Principal Place of Business

1550 N.E. MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH FL 33179

Mailing Address

1550 N.E. MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH FL 33179-4836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739886

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

YARNOLD, MARK S
8830 S.W. 123 COURT
I-207
MIAMI FL 33186

Name: MARK S. YARNOLD
Street Address (P.O. Box Number is Not Acceptable)
9442 CHELSEA DR. NORTH
City PLANTATION FL Zip Code 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00

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 ☐ Delete
NAME **D**
STREET ADDRESS **YARNOLD, MARK S**
CITY-ST-ZIP **8830 S.W. 123 COURT, SUITE I-207**
MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9442 CHELSEA DR. NORTH**
CITY-ST-ZIP **PLANTATION, FLORIDA 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Mark S. Yarnold, President & Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

954-236-8660

Daytime Phone #

CR2E034 (9/99)