

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021462

1. Entity Name

BENCHMARK FAMILY CARE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90110 015 \*\*\*150.00

Principal Place of Business, Mailing Address  
6350 36TH AVE E P.O. BOX 602  
PALMETTO FL 34221 ELLENTON FL 34222-0602

2. Principal Place of Business 3. Mailing Address  
6260 - 36<sup>TH</sup> AVE. E Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State  
PALMETTO, FL  
Zip Country Zip Country  
34221 USA

4. FEI Number 65-0733083 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, MICHAEL E  
5021 79 ST., E  
BRADENTON FL 34203

7. Name and Address of New Registered Agent

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 *X N/A* 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

TITLE D ☐ Delete  
NAME HARRELL, MICHAEL E  
STREET ADDRESS 5021 79TH STREET EAST  
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete  
NAME TOLAR, ADA R  
STREET ADDRESS 6350 36TH AVE., E  
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☐ Delete  
NAME TOLAR, JACK L  
STREET ADDRESS 6350 36TH AVE., E  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6260 - 36<sup>TH</sup> AVE. E  
CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6260 - 36<sup>TH</sup> AVE. E.  
CITY-ST-ZIP PALMETTO, FL 34221

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

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

TITLE ☐ Change ☐ 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: *X Jack Tolar* JACK TOLAR Pres, 03/29/00 (941) 223-0090  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)