

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070580

1. Entity Name

VITACARE OF BREVARD COUNTY, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90014 023 ***158.75

Principal Place of Business

Mailing Address

845 NORTH GARLAND AVE., STE. 200
ORLANDO FL 32801

845 NORTH GARLAND AVE., STE. 200
ORLANDO FL 32801-1095

A0020378

2. Principal Place of Business

3. Mailing Address

7649 Commerce Ctr. Dr.
Suite, Apt. #, etc.

7649 Commerce Ctr. Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3481073

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

32819

Country

Zip

32819

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROWER, MASON H III
390 NORTH ORANGE AVE., STE. 1900
ORLANDO FL 32801

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 DPST
NAME FADEM, JEROLD J SR
STREET ADDRESS 845 NORTH GARLAND AVE., STE. 200
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE DPST
NAME FADEM, JEROLD J. Sr.
STREET ADDRESS 7649 Commerce Ctr. Dr.
CITY-ST-ZIP Orlando, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Jerome J. FaDEM Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000
Date

407-352-9046
Daytime Phone #