

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106096

1. Entity Name

L&S SENIOR CARE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90058 025 ***150.00

Principal Place of Business

Mailing Address

268 MOCCASIN TRAIL WEST
JUPITER FL 33458

268 MOCCASIN TRAIL WEST
JUPITER FL 33458-8027

2. Principal Place of Business

1013 E. GIBSON ST

3. Mailing Address

1013 E. GIBSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ARCADIA, FL

City & State

ARCADIA FL

4. FEI Number

65-0829800

Applied For

Not Applicable

Zip

Country

34266

DESOTO

Zip

Country

34266

DESOTO

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

FITZGERALD, DONALD P III
24 CATHEDRAL PLACE, SUITE 607
ST. AUGUSTINE FL 32084

Name

JOHN A LARSEN

Street Address (P.O. Box Number is Not Acceptable)

1013 E GIBSON ST

City

ARCADIA

FL

Zip Code

34266

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

John A Larsen JOHN A LARSEN

4-4-00

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 LARSEN, JOHN A
STREET ADDRESS 16706 134TH TERR N
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

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

TITLE VSD
NAME SWENDSEN, MELVIN C
STREET ADDRESS 268 MOCCASIN TRAIL WEST
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 ☐ 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)(f), 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:

John A Larsen JOHN A LARSEN

Date

4-4-00

Daytime Phone #

863-993-9760

CR2E034 (9/99)