

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005050

1. Entity Name

HALLMARK SENIOR CARE SERVICES, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90098 040 ***150.00

Principal Place of Business

145 HEATHER GROVE CN
NAPLES FL 34113

Mailing Address

145 HEATHER GROVE CN
NAPLES FL 34113-8328

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

65-0804457

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

VIDMICH, JOAN
145 HEATHER GROVE LN
NAPLES FL 34113

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 D
NAME VIDMICH, JOAN
STREET ADDRESS ~~8695 COLLEGE PARKWAY, SUITE 605~~ Address
CITY-ST-ZIP ~~FORT MYERS FL 33919~~ Changed

TITLE D
NAME Vidmich, Joan
STREET ADDRESS 145 Heather Grove Lane
CITY-ST-ZIP Naples, FL 34113
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000
Date

741
775-5456
Daytime Phone #

CR2E034 (9/99)