

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063905

1. Entity Name

FINE CARE CENTER, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90127 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1929 WINKLER AVENUE  
FORT MYERS FL 33901  
US

1929 WINKLER AVENUE  
FORT MYERS FL 33901-8631  
US

2. Principal Place of Business

1929 WINKLER AVE

3. Mailing Address

SEE # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

4. FEI Number

65-0870579

Applied For

Not Applicable

Zip

33901

Country

LEE

Zip

Country

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

FINE, DEBBIE  
1420 WINKLER AVENUE  
FORT MYERS FL 33901

Name

SEE # 6

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 ☐ Delete  
NAME D  
STREET ADDRESS FINE, SCOTT  
CITY-ST-ZIP 1420 WINKLER AVENUE  
FORT MYERS FL 33901

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FINE, DEBBIE  
CITY-ST-ZIP 1420 WINKLER AVENUE  
FORT MYERS FL 33901

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT FINE

Date

2/14/00

Daytime Phone #

941-433-3566

CR2E034 (9/99)