

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072272

1. Entity Name

ROYAL COURT CARE, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 031 ***550.00

Principal Place of Business

555 WINDERLY PLACE, STE. 114
C/O SECURITY FINANCIAL ENTERPRISES, INC.
MAITLAND FL 32751

Mailing Address

555 WINDERLY PLACE, STE. 114
C/O SECURITY FINANCIAL ENTERPRISES, INC.
MAITLAND FL 32751

A0074821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 S. Westmonte Drive

Suite, Apt. #, etc.

Suite 103

City & State

Altamonte Springs, Florida

Zip

32714

Country

U.S.A.

3. Mailing Address

222 S. Westmonte Drive

Suite, Apt. #, etc.

Suite 103

City & State

Altamonte Springs, Florida

Zip

32714

Country

U.S.A.

4. FEI Number

59-3555328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOLEY, R. EDWARD
1450 SR 434 WEST, STE. 200
LONGWOOD FL 32750

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.

N/A

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT ☐ Delete
NAME STEVENS, MELVIN L
STREET ADDRESS 555 WINDERLY PLACE, STE. 114
CITY-ST-ZIP MAITLAND FL 32751

TITLE DS ☒ Delete
NAME THOMPSON, JAY C
STREET ADDRESS 555 WINDERLY PLACE, STE. 114
CITY-ST-ZIP MAITLAND FL 32751

TITLE V ☒ Delete
NAME BUCKHOLT, STEVE
STREET ADDRESS 555 WINDERLY PLACE, STE. 114
CITY-ST-ZIP MAITLAND FL 32751

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 DPT ☒ Change ☐ Addition
NAME STEVENS JR., MELVIN L
STREET ADDRESS 222 S. WESTMONTE DR. STE. 103
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE THOMPSON

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE BUCKHOLT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 407-661-9700
Date Daytime Phone #