

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100824

1. Entity Name

LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.

FILED

Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90020 039 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 938  
SOMERSET KY 42502-0938

P.O. BOX 938  
SOMERSET KY 42502-0938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Zip

34472 Marion

Country

4. FEI Number

59-3551233

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

RIGSBY, R. TERRY  
204 S. MONROE ST.  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME WILSON, JAMES T  
STREET ADDRESS 554 HWY. 790  
CITY-ST-ZIP BRONSTON KY 42518

TITLE Director ☐ Change ☒ Addition  
NAME James Randall  
STREET ADDRESS 2112 Sunday Drive  
CITY-ST-ZIP Somerset, KY 42501

TITLE D ☐ Delete  
NAME FRAMER, STEWART A  
STREET ADDRESS 106 LAKE CLIFF DR.  
CITY-ST-ZIP SOMERSET KY 42503

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

TITLE D ☐ Delete  
NAME FRAZER, JAMES M  
STREET ADDRESS 7 STONEHEDGE DR.  
CITY-ST-ZIP MONTICELLO KY 42633

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

TITLE D ☐ Delete  
NAME WEDDLE, RICHARD DR  
STREET ADDRESS 208 COLLEGE  
CITY-ST-ZIP SOMERSET KY 42501

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

TITLE D ☒ Delete  
NAME MALONE, PHILIP  
STREET ADDRESS 13121 UNIVERSITY DR.  
CITY-ST-ZIP FT. MYERS FL 33907

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

TITLE D ☐ Delete  
NAME SNYDER, EVELYN  
STREET ADDRESS 622 MARGRAVE STREET  
CITY-ST-ZIP HARRIMAN TN 37748

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 206 Willow Drive  
CITY-ST-ZIP Kingston, TN 37763

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-606-679-4100