

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013856

1. Entity Name

RELATIVE HOME HEALTH, INC.

Principal Place of Business

Mailing Address

6635 W COMMERCIAL BLVD  
SUITE 205  
TAMARAC FL 33319

6635 W COMMERCIAL BLVD  
SUITE 205  
TAMARAC FL 33319-2141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892505

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

BARR-STUBBINS, AUDREY  
59 PLEASANT HILL LANE  
TAMARAC FL 33319

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	<input type="checkbox"/> Delete
NAME	BARR-STUBBINS, AUDREY	
STREET ADDRESS	59 PLEASANT HILL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEISE, COURTNEY	
STREET ADDRESS	59 PLEASANT HILL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILCHRIST, LORNA	
STREET ADDRESS	3611 N.W. 41 STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYATT, JOY	
STREET ADDRESS	7331 N.W. 13 CT.	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(T) BARR - Stubbins, Audrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	59 Pleasant Hill Lane	
STREET ADDRESS	TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE	(S) BARR - Stubbins, Audrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	59 Pleasant Hill Lane	
STREET ADDRESS	TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE	(P) BARR - Stubbins, Audrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	59 Pleasant Hill Lane	
STREET ADDRESS	TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE	(V) Audrey Barr - Stubbins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	59 Pleasant Hill Lane	
STREET ADDRESS	TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

1/8/00 954 726-5