

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90029 014 ***150.00

DOCUMENT # P99000035396

1. Entity Name
ELDERCARE U S A , INC.

Principal Place of Business

7112 NW 106TH AVE.
 TAMARAC FL 33321

Mailing Address

2171 DEAN HOLLOW CIR
 LONGWOOD FL 32779
 US

2. Principal Place of Business

2171 Deer Hollow Cir
 Suite, Apt. #, etc.

3. Mailing Address

2171 Deer Hollow Cir
 Suite, Apt. #, etc.

City & State

Longwood FL
 Zip 32779 Country USA

City & State

Longwood FL
 Zip 32779 Country USA

4. FEI Number **59-3479696**

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

SCHINDLER, HELEN
 2171 DEER HOLLOW CIR
 LONGWOOD FL 32779

Name **Lawrence Schindler**
 Street Address (P.O. Box Number is Not Acceptable)
 2171 Deer Hollow Circle
 City **Longwood** **FL** Zip Code **32779**

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

4/12/01

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, 2001 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	SCHINDLER, DAVID	
STREET ADDRESS	2171 DEER HOLLOW CIR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE SCHINDLER	
STREET ADDRESS	2171 DEER HOLLOW CIR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	XXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXX	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/12/01 407-493-1626

CR2E034 (10/00)