

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053552

1. Entity Name

TOTALCARING, INC.

Principal Place of Business

18770 S.W. 7TH ST.  
PEMBROKE PINES FL 33029

Mailing Address

18770 S.W. 7TH ST.  
PEMBROKE PINES FL 33029-6006

2. Principal Place of Business as of 4-1

6205 N. University Dr

Suite, Apt. #, etc.

3. Mailing Address

6205 N. University Dr.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-0977885

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERRY, JAMES L  
18770 S.W. 7TH ST.  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

No change

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.

4-14-00

SIGNATURE James L. Terry, Registered Agent

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)

XX

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.

XX

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|       |      |                      |                    |                                 |
|-------|------|----------------------|--------------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | 18770 S.W. 7th St    | Pembroke Pines, FL |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | President & Co-owner |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | Deborah Fisher       |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | Secretary            |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | Heather Savic        |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      | Treasurer            |                    |                                 |
|       |      | Marilyn Long         |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      |                      |                    |                                 |
| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|       |      |                      |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|         |      |                                    |             |  |
|---------|------|------------------------------------|-------------|--|
| TITLE P | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|         |      | President & Co-owner               |             |  |
|         |      | Deborah Fisher Terry               |             |  |
|         |      | 18770 SW 7 St, Pembroke Pines, FL  | 33029       |  |
| TITLE P | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|         |      | President & Co-owner               |             |  |
|         |      | Ruth Roffman                       |             |  |
|         |      | 1632 SW 159 Ave, Davie, FL         | 33326       |  |
| TITLE S | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|         |      | Secretary                          |             |  |
|         |      | Heather Savic                      |             |  |
|         |      | 1380 N.W. 159 Lane, Pembroke Pines | FL, 33028   |  |
| TITLE T | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|         |      | Treasurer                          |             |  |
|         |      | Marilyn Long                       |             |  |
|         |      | 7947 W. 15 Ct., Hialeah, FL        | 33014       |  |
| TITLE   | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|         |      |                                    |             |  |
| TITLE   | NAME | STREET ADDRESS                     | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|         |      |                                    |             |  |

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: Deborah Fisher Terry, President

Date

Daytime Phone #

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90015 008 \*\*\*163.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)