

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073384

1. Entity Name

ATLANTIC CAREGIVERS HOME CARE OF CENTRAL FLORIDA

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90026 015 ***150.00

Principal Place of Business

Mailing Address

510 DOUGLAS AVE, SUITE 1029
ALTAMONTE SPRINGS FL 32714

510 DOUGLAS AVE, SUITE 1029
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2949 West SR 434

3. Mailing Address

2949 West SR 434

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3594788

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

OSTLUND, GRANT
131 BAKERS ACRES DR
HAWTHORNE FL 32640

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OSTLUND, GRANT
131 BAKERS ACRES DR
HAWTHORNE FL 32640 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
Date

407 788 6665
Daytime Phone #

CR2E034 (10/00)