

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075034

1. Entity Name

EXTENDED HEALTHCARE SERVICES INC

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90100 031 ***150.00

Principal Place of Business

Mailing Address

19 SE 49TH DR.
GAINESVILLE FL 32601

P.O. BOX 141582
GAINESVILLE FL 32614-1582

AVUJJJGU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

THOMAS, FRANCES
5401 SW 62ND AVE.
GAINESVILLE FL 32608

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

Frances Thomas *Frances Thomas* 4-10-00

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

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lucile Miles	
STREET ADDRESS	19 SE 49th Drive	
CITY-ST-ZIP	Gville FL 32601	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Leslie Thomas	
STREET ADDRESS	5401 SW 62nd Ave	
CITY-ST-ZIP	Gville FL 32608	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Harold Miles	
STREET ADDRESS	19 SE 49th Drive	
CITY-ST-ZIP	Gville FL 32601	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Harold Miles *Harold Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 352 3789778

Date

Daytime Phone #

CR2E034 (9/99)