

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084505

1. Entity Name  
ELDER SUPPORT OPTIONS, INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90523 048 \*\*\*150.00

Principal Place of Business  
10964 SE SEA PINES CIRCLE  
HOBE SOUND FL 33455

Mailing Address  
10964 SE SEA PINES CIRCLE  
HOBE SOUND FL 33455

730661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0952422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUBBARD, ELIZABETH D  
10964 SE SEA PINES CIRCLE  
HOBE SOUND FL 33455

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 \_\_\_\_\_ (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 PS  
NAME HUBBARD, ELIZABETH D  
STREET ADDRESS 10964 S SEA PINES CIRCLE  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE P/S  
NAME HUBBARD, ELIZABETH D  
STREET ADDRESS same  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VT  
NAME GREAVES, WILLIAM B  
STREET ADDRESS 10964 SE SEA PINES CIRCLE  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: Elizabeth D. Hubbard President 3-12/01 (561) 546 9344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)