

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108188

1. Entity Name

MONARCH CARE MANAGEMENT INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90077 028 ***158.75

Principal Place of Business

Mailing Address

~~20471 US HIGHWAY 19N~~
~~CLEARWATER FL 33761~~

~~20471 US HIGHWAY 19N~~
~~CLEARWATER FL 33761~~

2. Principal Place of Business

19707 MICHIGAN AVE

3. Mailing Address

3959 VAN DYKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 399

City & State

ODESSA, FLORIDA

City & State

LUTZ, FLA.

Zip

33556

Country

USA

Zip

33549

Country

USA

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

GRAY, CAROLYN

~~20471 US HIGHWAY 19N~~
~~CLEARWATER FL 33761~~

Name

CAROLYN GRAY

Street Address (P.O. Box Number is Not Acceptable)

19707 MICHIGAN AVE

City

Odessa

FL

Zip Code

33556

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

CAROLYN GRAY, Pres. Carolyn Gray

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CAROLYN GRAY	
STREET ADDRESS	3959 VAN DYKE RD #399	
CITY-ST-ZIP	LUTZ, FLA. 33549	
TITLE	VICE PRES/SEC.	<input type="checkbox"/> Delete
NAME	ALVAH GRAY	
STREET ADDRESS	3959 VAN DYKE RD #399	
CITY-ST-ZIP	LUTZ, FLA. 33549	
TITLE	VP/ST	<input checked="" type="checkbox"/> Delete
NAME	JONES, CLARA	
STREET ADDRESS	20471 US HWY 19N	
CITY-ST-ZIP	CLEARWATER, FLA. 33761	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Sec/ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAH GRAY	
STREET ADDRESS	3959 VAN DYKE RD #399	
CITY-ST-ZIP	LUTZ, FLA. 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

CAROLYN GRAY

4/25/00

(813)

926-1109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)