

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90109 027 ***150.00

DOCUMENT # S67017

1. Corporation Name

CARE GIVERS AND BABY TENDERS, INC.

Principal Place of Business

3715 BERGER ROAD
LUTZ FL 33548
US

Mailing Address

P.O. BOX 531
LUTZ FL 33548
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1991

4. FEI Number

59-1420951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

REGENHARDT, JANE S.
3715 BERGER ROAD
LUTZ FL 33548

33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jane S. Regenhardt

Jane S. Regenhardt

2/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
REGENHARDT, JANE S.
STREET ADDRESS
3715 BERGER ROAD
CITY-ST-ZIP
LUTZ FL

TITLE ☐ DELETE

NAME
VD
SWANSON, BARBARA J.
STREET ADDRESS
3715 BERGER ROAD
CITY-ST-ZIP
LUTZ FL

TITLE ☐ DELETE

NAME
CEO
REGENHARDT, JANE S.
STREET ADDRESS
3715 BERGER ROAD
CITY-ST-ZIP
LUTZ FL

TITLE ☐ DELETE

NAME
D
REGENHARDT, CASSANDRA
STREET ADDRESS
3715 BERGER ROAD
CITY-ST-ZIP
LUTZ FL

TITLE ☐ DELETE

NAME
D
REGENHARDT, KATHLEEN J
STREET ADDRESS
1009-38TH AVE. NORTH
CITY-ST-ZIP
ST. PETERSBURG FL 33704

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane S. Regenhardt

2/9/99

813-269-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0381316