

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82767

1. Entity Name
FLORIDA SENIOR CARE PLUS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90091 013 ***550.00

Principal Place of Business

14918 AMERICAN COURT
FT. MYERS FL 33912
US

Mailing Address

14918 AMERICAN EAGLE COURT
FT MEYERS FL 33912
US

2. Principal Place of Business

3. Mailing Address

1011 Camino del Rio S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

City & State

City & State
San Diego, CA

4. FEI Number

59-3092060

Applied For

Not Applicable

Zip

Country

Zip

Country

92108

USA

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

SMITH, THOMAS B.
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BREWSTER, JANA	
STREET ADDRESS	14918 AMERICAN COURT	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVANAUGH, WILLIAM	
STREET ADDRESS	1011 CAMINO DEL RIO SOUTH #320	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALISKY, MEL	
STREET ADDRESS	1011 CAMINO DEL RIO COURT #320	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2000 (619) 543-9891
Date Daytime Phone #

CR2E034 (5/00)