

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V61269**

1. Entity Name

HCI PREFERRED CARE, INC.**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90039 029 ***150.00

Principal Place of Business

Mailing Address

209 PALMETTO STREET
AUBURNDALE FL 33823**P.O. BOX 1730 N/A**
AUBURNDALE FL 33823-1730
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3177461

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

READY, BILLY R.
209 PALMETTO ST
AUBURNDALE FL 33823Name **RAY K. READY**
Street Address (P.O. Box Number is Not Acceptable)
209 Palmetto StCity **Auburndale** **FL** Zip Code **33823**

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	READY, BILLY R	190 GAPWAY RD	AUBURNDALE FL	P/D	READY, RAY K	209 PALMETTO ST	Auburndale, FL 33823
D	MOODY, JAMES W	100 VAN FLEET CT.	AUBURNDALE FL				
D	WADDELL, GLENN	416 FERN CLIFF	TEMPLE TERRACE FL				
VPD	WORBINGTON, MIKE	170 LAKE STELLA DR #17	AUBURNDALE FL				
S	RINGLEB, REBECCA S	359 NO FORK DR	LAKELAND FL				

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

RAY K. READY**4/25/00**

Date

Daytime Phone #

863-967-4139

CR2E034 (9/99)