

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90009 046 ****61.25

DOCUMENT # 702559

1. Entity Name

ROYCE NURSING FOUNDATION, INC.

Principal Place of Business

Mailing Address

1500 NW 12TH AVE
 7 FL
 MIAMI FL 33136
 US

1500 NW 12TH AVE
 7 FL
 MIAMI FL 33136-1028
 US

715355



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

51-0169662

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

MASS, D. JANE
420 HARDEE ROAD
CORAL GABLES FL 33146

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **ST JONES, JUDY**
 STREET ADDRESS **12340 SW 99TH AVE - 14024 SW 104 CT**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE Change Addition
 NAME
 STREET ADDRESS **140**
 CITY-ST-ZIP

TITLE Delete
 NAME **P MASS, JANE D**
 STREET ADDRESS **420 HARDEE ROAD**
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ROBERTS, NANCY**
 STREET ADDRESS **15060 EGAN LANE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BURGESS, BERNARD**
 STREET ADDRESS **112 VALENCIA AVE.**
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MACKINNON, HAROLD A**
 STREET ADDRESS **122 D-1 LAKE PINE CR.**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* **SIGNATURE REQUIRED**

X **2/16/00** *X* **(305) 585-713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #