2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with all other like empowered.

FILED DOCUMENT # **710065** May 09, 2000 8:00 am 1. Entity Name **Secretary of State** GARDEN MANOR OF NAPLES, INC. 05-09-2000 90002 019 ****61.25 Principal Place of Business Mailing Address 6101 14TH AVE SW 203-225 8TH AVE. SOUTH NAPLES FL 34116-4815 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1583708 Not Applicable Country Zin \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EDGAR, BARBARA 6101 14TH AVE. SW NAPLES FL 33999 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE (S \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE PRINCE, CLIFFORD NAME NAME STREET ADDRESS STREET ADDRESS 203B 8TH AVE S CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Addition ☐ Delete Change TITLE TITLE NAME COLLINGTON, JEFF NAME STREET ADDRESS STREET ADDRESS 211A 8TH AVE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME HEATHER, JAMES STREET ADDRESS STREET ADDRESS 219B 8TH AVE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition Change DS ☐ Delete TITLE LEO. JOANNE NAME STREET ADDRESS STREET ADDRESS 205-B 8TH AVE SOUTH CITY-ST-7IP CITY-ST-ZIP naples fl VPD Delete TIT! F Change Addition TITLE MAYER, LINDA NAME FISHER, DIANE 891 AVE 5 215-A STREET ADDRESS STREET ADDRESS **223B 8TH AVE** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not addity 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