

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90067 023 \*\*\*150.00

**DOCUMENT # F32291**

1. Entity Name  
**LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.**



Principal Place of Business  
**11329 CR 561A  
CLERMONT FL 34711  
US**

Mailing Address  
**11329 CR 561A  
CLERMONT FL 34711  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number  
**59-2082592**

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

**HERBERT L. ROGERS JR  
11329 CR 561A  
CLERMONT FL 32711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROGERS, ROWENA E</b>	
STREET ADDRESS	<b>11329CR 561A</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, HERBERT L, JR.</b>	
STREET ADDRESS	<b>11329 CR 561A</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>TAS</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, TERESA A.</b>	
STREET ADDRESS	<b>340 W. MINNEHAHA AVENUE</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GULLETT, PATRICIA L.</b>	
STREET ADDRESS	<b>4238 ROGERS RD</b>	
CITY-ST-ZIP	<b>GREENWOOD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an otherwise empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03 (352)394-5621**  
Date Daytime Phone #

1001RCS1

CR2E034 (10/02)