

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90004 034 ***150.00

DOCUMENT # F93000000387

1. Entity Name
LANCIA NURSING HOMES, INC.

Principal Place of Business 575 LOVERS LANE STEUBENVILLE OH 43952	Mailing Address 575 LOVERS LANE STEUBENVILLE OH 43953-3311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1852 Sinclair Ave</i>	3. Mailing Address <i>1852 Sinclair Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Steubenville OH</i>	City & State <i>Steubenville OH</i>
Zip <i>43953</i>	Zip <i>43953</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 34-1192008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCIA, JOSEPH
5527 ASHPON CT.
BOCA RATON FL 33486-8663

7. Name and Address of New Registered Agent

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 *Joseph Lancia President* DATE *2/21/2000*

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

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 State

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

11. OFFICERS AND DIRECTORS	
TITLE VCVD Delete <input checked="" type="checkbox"/>	NAME LANCIA, CATHERINE STREET ADDRESS 557 LOVERS LANE, APT. 1 CITY-ST-ZIP STEUBENVILLE OH 43952
TITLE PS Delete <input type="checkbox"/>	NAME LANCIA, JOSEPH A STREET ADDRESS 145 HIDDENWOOD DR. CITY-ST-ZIP STEUBENVILLE OH
TITLE TD Delete <input type="checkbox"/>	NAME BOLGER, JAMES J STREET ADDRESS 149 HIDDENWOOD DR. CITY-ST-ZIP STEUBENVILLE OH 43952
TITLE D Delete <input type="checkbox"/>	NAME LANCIA, LINDA STREET ADDRESS 145 HIDDENWOOD DR. CITY-ST-ZIP STEUBENVILLE OH 43952
TITLE D Delete <input type="checkbox"/>	NAME BOLGER, RENA STREET ADDRESS 149 HIDDENWOOD DR. CITY-ST-ZIP STEUBENVILLE OH 43952
TITLE VP Delete <input type="checkbox"/>	NAME <i>Joseph G Lancia</i> STREET ADDRESS <i>244 Orlando Manor</i> CITY-ST-ZIP <i>Winkleville OH 43953</i>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: *Joseph Lancia* DATE: *2/21/2000* DAYTIME PHONE #: *740 204-7101*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034-19/991