2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81410

1. Entity Name SOUTHWEST RETIREMENT HOME, INC.						Secretary of State 01-19-2000 90089 028 ***158.75				
Principal Place	e of Business	Mailing Address			\dashv					
3207 S.W. 42ND PLACE GAINESVILLE FL 32608		3207 S.W. 42ND PLACE GAINESVILLE FL 32608-2624								
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2. Principal P	lace of Business	3. Mailing Address			7				 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPA	CE			
City & State)	City & State		4. F	4. FEI Number 59-2586605 Applied For Not Applical					
Zip	Country	Zip	Country	y	5. Certificate of Status Desired \$8.75 Ad Fee Require					
ξ.	6. Name and Address of Current I	L	-1		7. 1	lame and Address of New R		<u></u> :		
				Name			_		1	
3207	ELOCK, BLANCHE LOIS S.W. 42ND PLACE IESVILLE FL 32607		Street Address		s (P.O. B	s (P.O. Box Number is Not Acceptable)				
CAIN	ESVILLE PL 3200/		,	City			FL (Zip Code) -	
8. The above	named entity submits this statement for	the purpose of changing its	s registered	d office or regis	stered ag	ent, or both, in the State of Flo	rida.			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature requ	ired when re	oinstating)	DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	PVS HAVELOCK, BLANCHE LOIS 212 S. PIERSON ST. ARCHER FL	☐ Delete	NAME STREET CITY-S	T ADDRESS] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAVELOCK, JAMES 212 S PEARSON ST ARCHER FL	☐ Delete	TITLE NAME STREET CITY-S	T AODRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. HAVELOCK, AMANDA 212 S PEARSON ST ARCHER FL	Delete	NAME	I ADDRESS ST-ZIP	•	on the second second		Change -	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAVELOCK, EVANGELINE 212 S PEARSON ST ARCHER FL	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-Z!P] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	CITY-S	T ADDRESS ST-ZIP] Change	Addition	

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.

GNATURE:

| Comparison of 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 the composition of the receiver of trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR