2000 UNIFORM BUSINESS REPORT (UBR) FILED **20088** COUMENT # L38088 Feb 23, 2000 8:00 am ntity Name Secretary of State ÷ NIOR LIVING RESIDENCES, INC. 02-23-2000 90031 006 ***150.00 Mailing Address igal Place of Business ROAD 108 WAGNER ROAD -~ FL 32425 BONIFAY FL 32425-2923 00020185 rincipal Place of Business 3. Mailing Address 1380 Columbia Rd Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For my & State City & State 4. FEI Number 59-2980974 Not Applicable Bostor Country Country \$8.75 Additional 5. Certificate of Status Desired 02127 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMMS, AUDREY Street Address (P.O. Box Number is Not Acceptable) **108 WAGNER ROAD BONIFAY FL FL 32425** Zip Code above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 2-18-Zcrs (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be -- filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -e criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete ☐ Change ☐ Addition L'ARKIN, ROBERT F JR NAME STREET ADDRESS 1380 COLUMBIA RD. CITY-ST-ZIP S. BOSTON MA ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 210 ☐ Addition ☐ Defete TITI F ☐ Change NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ZIP ☐ Addition ☐ Delete ☐ Change STREET ADDRESS CITY-ST-ZIP 7!P ☐ Change ☐ Addition ☐ Delete TITI E NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 710 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 that the information is 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 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 gree, or on an attachment with an address object F. Lartein, dr. - **^:** URE: