

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90330 009 ****61.25

DOCUMENT # N00000001338

1. Entity Name
THE CEDARS AT WOODRIDGE, INC.

Principal Place of Business 3038 MICHIGAN AVE. KISSIMMEE FL 34744	Mailing Address 3038 MICHIGAN AVE. KISSIMMEE FL 34744
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00039992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5695 Beggs Road	3. Mailing Address 5695 Beggs Road
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Suite, Apt. #, etc. Suite B-100	Suite, Apt. #, etc. Suite B-100
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City & State Orlando, FL	City & State Orlando, FL
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4. FEI Number 59-3640667	Applied For <input type="checkbox"/> Not Applicable
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Zip 32810	Country USA	Zip 32810	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
OXLEY, PAUL
3038 MICHIGAN AVE.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name
Harkley R. Thornton, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
5695 Beggs Road,
Suite B-100
 City
Orlando **FL** Zip Code
32810

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: *Harkley R. Thornton* DATE: 3/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXLEY, PAUL 3038 MICHIGAN AVE. KISSIMMEE FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKS, ROBERT R 3109 FAIRFIELD DR. KISSIMMEE FL 34743 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OXLEY, LINDSEY M 3038 MICHIGAN AVE. KISSIMMEE FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)