

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0014234

**DOCUMENT # N98000003721**

1. Entity Name

**SHADY REST CARE PAVILION, INC.**



Principal Place of Business  
**2310 NORTH AIRPORT RD.  
FT. MYERS FL 33907**

Mailing Address  
**2310 NORTH AIRPORT RD.  
FT. MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0850574**

Applied For  
Not Applicable

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

**SNYDER, LEAH MESHELLE  
1833 HENDRY STREET  
FT. MYERS FL 33901**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD BARBEE, JOSEPH 1936 GRACE AVENUE FORT MYERS FL 33901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD DALTON, ANNE ESQ 2044 BAYSIDE PARKWAY FORT MYERS FL 33901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DALTON, THOMAS J 2040 BAYSIDE PARKWAY FORT MYERS FL 33901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MURRAY, ROBERT L 6202F PRESIDENTIAL COURT FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AMENTA, DONALD P 1739 GOLF CLUB DRIVE # 7 FORT MYERS FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASHMORE, ROBIN 3403-1 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903</b>	<input checked="" type="checkbox"/> Delete

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 of Robert L. Murray*

9/6/03

(239) 931-8402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)

Attachment 86145528

SHADY REST CARE PAVILION, INC., DOCUMENT # N98000003721  
ANSWER TO ITEM # 11

TITLE D  
NAME KAREN BENNETT ADDITION  
STREET ADDRESS 380 E. NORTHSORE DRIVE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE D ADDITION  
NAME LARRY D. HART  
STREET ADDRESS 1469 MORENO AVENUE  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D ADDITION  
NAME DENISE HEINEMANN  
STREET ADDRESS 10501 FGCU BLVD.  
CITY-ST-ZIP FORT MYERS, FL 33965-6565

TITLE D ADDITION  
NAME JAMES O. HOLBROOK  
STREET ADDRESS 12250 COCONUT CREEK CT  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D ADDITION  
NAME DEE MASON  
STREET ADDRESS 20990 RIVERS FORD  
CITY-ST-ZIP ESTERO, FL 33928

TITLE D ADDITION  
NAME DR. HENRY OGEDEGBE  
STREET ADDRESS 10501 FGCU BLVD.  
CITY-ST-ZIP FORT MYERS, FL 33965-6565

TITLE D ADDITION  
NAME REINA L. SCHLAGER  
STREET ADDRESS 8695 COLLEGE PARKWAY, SUITE 205  
CITY-ST-ZIP FORT MYERS, FL 33919