

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90003 025 ****61.25

DOCUMENT # N98000005332

1. Entity Name

TAYLOR EN RICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

**230 LAKEN DRIVE
 WEST PALM BEACH FL 33409**

**230 LAKEN DRIVE
 WEST PALM BEACH FL 33409-3610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862774

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**BELL-TAYLOR, LULA M
 230 LAKEN DRIVE
 WEST PALM BEACH FL 33409**

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

Lula M. Bell Taylor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-5-2000

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **BELL-TAYLOR, LULA M**
 STREET ADDRESS: **230 LAKEN DR.**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33409**

TITLE: Change Add
 NAME: Change Add
 STREET ADDRESS: Change Add
 CITY-ST-ZIP: Change Add

TITLE: **SD** Delete
 NAME: **BELL-SPURILL, REGNIA D.**
 STREET ADDRESS: **5192 ABBY LN.**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33409**

TITLE: Change Add
 NAME: Change Add
 STREET ADDRESS: Change Add
 CITY-ST-ZIP: Change Add

TITLE: **TD** Delete
 NAME: **GROMOVSKY, PHI**
 STREET ADDRESS: **1850 ALISON**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33409**

TITLE: Change Add
 NAME: Change Add
 STREET ADDRESS: Change Add
 CITY-ST-ZIP: Change Add

TITLE: Delete
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TITLE: Change Add
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TITLE: Change Add
 NAME: Change Add
 STREET ADDRESS: Change Add
 CITY-ST-ZIP: Change Add

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:

Lula M. Bell Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-5-2000 561-6403020

Date

Daytime Phone #