

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90041 018 ***158.75

81/2/2011

DOCUMENT # P0000088414

1. Entity Name
ABBEY MANOR RETIREMENT RESIDENCE, INC.

Principal Place of Business Mailing Address
2718 JOHNSON STREET 2718 JOHNSON STREET
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

701883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1930 Lincoln St. 1930 Lincoln St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood, FL Hollywood, FL
 Zip Zip Country Country
33020 USA 33020 USA

4. FEI Number Applied For
65-1044025 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

UEBERLAUER, GRAZYNA
2718 JOHNSON STREET
HOLLYWOOD FL 33020

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 *Grazyna Ueberlauer*
 Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	UEBERLAUER, GRAZYNA	
STREET ADDRESS	950 SE 5 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	UEBERLAUER, MAGDALENA	
STREET ADDRESS	950 SE 5 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 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.

SIGNATURE: *Grazyna Ueberlauer* **M. Ueberlauer - Magdalena Ueberlauer 01-03-01**
GRAZYNA UEBERLAUER 01-03-01(954) 923-1354
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)