

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90187 038 ****70.00

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 33907-1426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0850574

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DENNIS L
2310 NORTH AIRPORT RD.
FT. MYERS FL 33907

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

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BEEHLER, KATHY S	
STREET ADDRESS	1597 WINSTON RD	
CITY-ST-ZIP	NO FT MYERS FL 33917	
TITLE	CO	<input type="checkbox"/> Delete
NAME	DALTON, ANNE ESQ	
STREET ADDRESS	2044 BAYSIDE PKWY	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, THOMAS J	
STREET ADDRESS	5683 BALKAN CT.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOERR, LEO R	
STREET ADDRESS	12998 SO. CLEVELAND AVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, WESTON R	
STREET ADDRESS	16121 ROSERUSH CT.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, RITA G	
STREET ADDRESS	1201 SW 44TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS L. MILLER	
STREET ADDRESS	3770 LITTLE CREEK DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33902	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE DALTON, ESQ.	
STREET ADDRESS	2044 BAYSIDE PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS J. DALTON	
STREET ADDRESS	2040 BAYSIDE PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHETTA BURKETT	
STREET ADDRESS	2220 RIVER OAK LANE SE	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON R. EDWARDS	
STREET ADDRESS	16121 ROSERUSH COURT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORINE CIVITELLA	
STREET ADDRESS	19486 SADDLEBROOK COURT	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	

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:

Dennis L. Miller
DENNIS L. MILLER

5/1/00

(941) 277-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

NA8000003/21
D0083780

ADDITIONS TO DIRECTOR LIST

TITLE D
NAME DENISE HEINEMANN
STREET ADDRESS 10501 FGCU BLVD. SOUTH
CITY,ST,ZIP FORT MYERS, FL 33916

TITLE D
NAME JAMES O. HOLBROOK
STREET ADDRESS 1001 NORTH WATERWAY DRIVE
CITY,ST,ZIP FORT MYERS, FL 33919

TITLE D
NAME GREG MARGERUM
STREET ADDRESS PO BOX 456
CITY,ST,ZIP FORT MYERS, FL 33902

TITLE D
NAME ROBERT L. MURRAY
STREET ADDRESS 6202F PRESIDENTIAL COURT
CITY,ST,ZIP FORT MYERS, FL 33919

TITLE D
NAME RICHARD P. NELSON
STREET ADDRESS 1533 SENIOR COURT
CITY,ST,ZIP LEHIGH ACRES, FL 33975

TITLE D
NAME JOSEPH E. BARBEE
STREET ADDRESS 1936 GRACE AVENUE
CITY,ST,ZIP FORT MYERS, FL 33901