

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90088 047 ****61.25

DOCUMENT # N98000003721

1. Entity Name
SHADY REST CARE PAVILION, INC.

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

B0137954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0850574 Not Applicable

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

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	VCD BARBEE, THOMAS J 1936N GRACE AVENUE FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARBEE, JOSEPH 1936 GRACE AVENUE FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DALTON, ANNE ESQ P.O. BOX 1574 FORT MYERS FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DALTON, ANNE ESQ. 2044 BAYSIDE PARKWAY FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALTON, THOMAS J 2040 BAYSIDE PARKWAY FORT MYERS FL 33901	<input 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	SD MURRAY, ROBERT L 6202F PRESIDENTIAL COURT FORT MYERS FL 33919	<input 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	D AMENTA, DONALD P 1739 GOLF CLUB DRIVE # 7 FORT MYERS FL 33903	<input 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	D CIVITELLA, CORINE 19486 SADDLEBROOK COURT FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIN ASHMORE 3403-1 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" 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]* **SIGNATURE REQUIRED: BARBEE** 9/12/02 (941) 936-3470
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)

ATTACHMENT
B0131954

ADDITIONS TO ITEM NUMBER 10

N98000003721

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

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

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

TITLE D
NAME REINA SCHLAGER
STREET ADDRESS 8695 COLLEGE PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33919