

2002 UNIFORM BUSINESS REPORT (UBR)

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

B0137954



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VCD	BARBEE, THOMAS J	1936N GRACE AVENUE	FORT MYERS FL 33901	<input type="checkbox"/>	VCD	BARBEE, JOSEPH	1936 GRACE AVENUE	FORT MYERS, FL 33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCD	DALTON, ANNE ESQ	P.O. BOX 1574	FORT MYERS FL 33902	<input type="checkbox"/>	PCD	DALTON, ANNE ESQ.	2044 BAYSIDE PARKWAY	FORT MYERS, FL 33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	DALTON, THOMAS J	2040 BAYSIDE PARKWAY	FORT MYERS FL 33901	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MURRAY, ROBERT L	6202F PRESIDENTIAL COURT	FORT MYERS FL 33919	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	AMENTA, DONALD P	1739 GOLF CLUB DRIVE # 7	FORT MYERS FL 33903	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CIVITELLA, CORINE	19486 SADDLEBROOK COURT	FORT MYERS FL 33903	<input checked="" type="checkbox"/>	D	ROBIN ASHMORE	3403-1 HANCOCK BRIDGE PARKWAY	NORTH FORT MYERS, FL 33903	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 (941) 936-3470

Date

Daytime Phone #

ATTACHMENT
B0137954

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