

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000861 AT

DOCUMENT # **A97000000228**

1. Entity Name

**HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP**

APPROVED  
AND  
FILED

02 SEP 16 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**540 EAST HISBICUS BLVD.  
MELBOURNE FL 32901**

**1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

**1301 N. Congress Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 130**

**DUE BY SEPTEMBER 25, 2002**

City & State

City & State

**Boynton Beach, FL**

4. FEI Number **59-3453782**

Applied For

Not Applicable

Zip

Country

Zip

**33426**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000089845**  
NAME **HEALTH FIRST ASSISTED LIVING, INC.**  
STREET ADDRESS **540 EAST HISBICUS BLVD**  
CITY-ST-ZIP **MELBOURNE FL 32901**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700007802997--5**  
**-09/17/02-01040-024**  
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**General Partner 9/13/02 501-735-0073**

Date

Daytime Phone #

CR2E003 (4/02)