

7/31

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-31-2001 90240 001 ***558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 292774

1. Entity Name

HOBE SOUND GERIATRIC VILLAGE, INC.

Principal Place of Business

9555 S.E. FEDERAL HWY
HOBE SOUND FL 33455

Mailing Address

9555 S.E. FEDERAL HWY
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1142564

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

BORTZ, DONALD J JR
9555 SE FEDERAL HWY
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

7/9/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PT ☐ Delete
 NAME BORTZ, DONALD J. JR
 STREET ADDRESS 9555 S.E. FEDERAL HWY.
 CITY-ST-ZIP HOBE SOUND FL

TITLE VPS ☐ Delete
 NAME BORTZ, VALERIA M. JR
 STREET ADDRESS 9555 S.E. FEDERAL HWY.
 CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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)(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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

James Headley 9/6/01 (561) 546-5800

CR2E034 (5/01)

Hochment DOC#



292774
77409

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 2, 2001

HOBE SOUND GERIATRIC VILLAGE, INC.
9555 S.E. FEDERAL HWY
HOBE SOUND, FL 33455

Subject: HOBE SOUND GERIATRIC VILLAGE, INC.

Reference Number: 292774

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NM
ANNUAL REPORTS SECTION