

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367316

1. Entity Name

MANOR CARE OF PLANTATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90126 015 ***150.00

Principal Place of Business

Mailing Address

6931 W SUNRISE BLVD
PLANTATION FL 33313
US

333 NORTH SUMMIT
TAX DEPT
TOLEDO OH 43604-2617
US

80010336



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

52-1383874

Applied For

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEP ☐ Delete
NAME ORMOND, PAUL A
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

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

TITLE DVCO ☐ Delete
NAME WEIKEL, KEITH M
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

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

TITLE DVCF ☐ Delete
NAME MEYERS, GEOFFREY G
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

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

TITLE VGCS ☐ Delete
NAME BIXLER, R. JEFFREY
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

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

TITLE VAS ☐ Delete
NAME MOLER, SPENCER C
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

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

TITLE V ☐ Delete
NAME MCKENNA, JOHN P
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John P. McKenna
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)