

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394620

1. Entity Name

PARK MANOR OF PUTNAM COUNTY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 044 ***150.00

Principal Place of Business

Mailing Address

3711-B CAILL AVE
PALATKA FL 32177

P O BOX 614
PALATKA FL 32178-0614

2. Principal Place of Business

3. Mailing Address

109 CARLOS CT.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA, FLA.

City & State

4. FEI Number 59-1381291

Applied For

Not Applicable

Zip

Country

32177

PUTNAM

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

MATTEA, FRANK
3701 CRILL AVE
PALATKA FL 32077

Name

FRANK MATTEA

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

109 CARLOS CT

City

PALATKA,

FL

Zip Code

32177

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

Frank Mattea (FRANK MATTEA PRES)

4-22-00

(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
NAME
ST
MATTEA, ROSEMARIE
STREET ADDRESS
2411 LEIGH TERR
CITY-ST-ZIP
PALATKA FL

☐ Delete

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

TITLE
NAME
PD
MATTEA, FRANK
STREET ADDRESS
2411 LEIGH TERR
CITY-ST-ZIP
PALATKA, FL 00000

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Frank Mattea (FRANK MATTEA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-328-3113

Daytime Phone #

CR2E034 (9/99)