

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90127 037 \*\*\*150.00

0602177 AT

**DOCUMENT # 557941**

1. Entity Name

**UNIVERSITY PARK CONVALESCENT CENTER, INC.**

Principal Place of Business

**300 ESPLANADE DRIVE  
#1860  
OXNARD CA 93030**

Mailing Address

**300 ESPLANADE DRIVE  
#1860  
OXNARD CA 93030**

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

**59-1871973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

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

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, 2002 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

TITLE	PCED	<input type="checkbox"/> Delete
NAME	DIMITRIADIS, ANDRE C	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1860	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, WENDY L	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1860	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	DEIO	<input type="checkbox"/> Delete
NAME	ISHIKAWA, CHRISTOPHER T	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1860	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, WENDY	
STREET ADDRESS	300 ESPLANADE DRIVE SUITE 1860	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	EVCS	<input type="checkbox"/> Delete
NAME	KOPTA, JULIA	
STREET ADDRESS	300 ESPLANADE DRIVE SUITE 1860	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	CHAVEZ, ALEX	
STREET ADDRESS	300 ESPLANADE DRIVE, STE 1860	
CITY-ST-ZIP	OXNARD CA 93030	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*duplicate of above*

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 an other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED* JULIA KOPTA

4/16/02

805-981-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)