

Amended
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 12:09

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 702088

1. Entity Name
Palms of Sebring, Inc.

Principal Place of Business
725 S. Pine St.
Sebring, FL 33870

Mailing Address
725 S. Pine St.
Sebring, FL 33870

2. Principal Place of Business
725 S. Pine St.
Suite, Apt. #, etc.

3. Mailing Address
725 S. Pine St.
Suite, Apt. #, etc.

City & State
Sebring, Florida

City & State
Sebring, Florida

Zip
33870

Country
Highlands

Zip
33870

Country
Highlands

4. FEI Number
59-0934514

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Clifford R. Rhoades, P.A.
227 N. Ridgewood Dr.
Sebring, FL 33870

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 file if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Lengyel 651 SE Lakeview Dr. Sebring, FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice-President DuRand Fisher 2504 Davis Circle Sebring, FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice-President Paul Robinson 245 Oak Ave. Apt 712 Sebring, FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Margaret Rhoades 937 NE Lakeview Dr. Sebring, FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Ellen Wyrick 218 Canal St. Lorida, Florida 33876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member James Ladd 3107 Divot Road Sebring, Florida 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Florie Ashley 3503 Dauphine Str. Sebring, Florida 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Sandy Foster 234 Swallow Avenue Sebring, Florida 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Judy Keppen 522 Violet Ave. Sebring, Florida 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

10/15

CR2E037 (1/1/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(X), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul M. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-01