

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90995 011 ****70.00

DOCUMENT # 710539

1. Entity Name

Principal Place of Business

Mailing Address

St. Cloud Retirement Home Inc
1601 Kissimmee Pk. Rd.
St. Cloud, FL 34769
U.S.

St. Cloud Ret Home
P.O. Box 700246
St. Cloud FL 34770
U.S.

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

23-7102936

Applied For

Not Applicable

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

Jacks, Reginald
717 Indiana Ave
St. Cloud, FL 34769

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME P
STREET ADDRESS Jacks, Marian
CITY-ST-ZIP 717 Indiana Ave
St. Cloud, FL 34769 ☐ Delete

TITLE
NAME D
STREET ADDRESS DePuew, George
CITY-ST-ZIP 416 Wisconsin Ave
St. Cloud, FL 34769 ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS Jacks, Reginald
CITY-ST-ZIP 717 Indiana Ave
St. Cloud, FL 34769 ☐ Delete

TITLE
NAME D
STREET ADDRESS DePuew, Eileen
CITY-ST-ZIP 416 Wisconsin Ave
St. Cloud, FL 34769 ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS Lothian, Lenora
CITY-ST-ZIP 1356 Wood Lake Circle
St. Cloud, FL ☐ Delete

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

TITLE
NAME V
STREET ADDRESS Arena, Walter
CITY-ST-ZIP 3485 W. Vine St
Kissimmee, FL 34741 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS Cote, Andrew
CITY-ST-ZIP 401 California Ave
St. Cloud, FL 34769 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS Cote, Theresa
CITY-ST-ZIP 401 California Ave
St. Cloud, FL 34769 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Marian Jacks Marian Jacks 4/19/2001 407-892-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)