

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711304

1. Entity Name

WINTER PARK RETIREMENT CENTER INC.

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

05-01-2000 90315 036 ****61.25

Principal Place of Business Mailing Address
% THE PLYMOUTH % THE PLYMOUTH
1550 GAY DRIVE 1550 GAY DRIVE
WINTER PARK FL 32789 WINTER PARK FL 32789-2926

2. Principal Place of Business 3. Mailing Address
ABOVE **ABOVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1258858** 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

CRICHTON, ARTHUR C.
2761 WILL-O-TH-GREEN
WINTER PARK FL 32792

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 *ARTHUR C. CRICHTON* DATE **4-21-00**

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 ☐ Delete
NAME PD
STREET ADDRESS COLEMAN, WILLIAM H
CITY-ST-ZIP 102 WATER OAK LANE
ALTAMONT SPRINGS FL

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

TITLE ☒ Delete
NAME VP
STREET ADDRESS GRAVES, C.W. J
CITY-ST-ZIP 1620 MAYFLOWER CT B509
WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS OLSEN, ED
CITY-ST-ZIP 620 GAINES WAY
WINTER PARK, FL. 32789

TITLE ☒ Delete
NAME SD
STREET ADDRESS MIMI CANEDO
CITY-ST-ZIP 1620 MAYFLOWER CT B509
WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS MARGERY, KENNEDY
CITY-ST-ZIP 900 S. LAKE SYBELLA DR.
MAITLAND, FL. 32751

TITLE ☐ Delete
NAME TD
STREET ADDRESS BALDWIN, MOZELLE
CITY-ST-ZIP 1358 RICHMOND RD.
WINTER PARK FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS OLSEN, ED
CITY-ST-ZIP 620 GAINES WAY
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS DAVID ROTENBERGER
CITY-ST-ZIP 2304 CHINOOK TRAIL
MAITLAND, FL. 32751

TITLE ☒ Delete
NAME D
STREET ADDRESS MARGERY, KENNEDY
CITY-ST-ZIP 900 S. LAKE SYBELLA DR.
MAITLAND FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JAMES BATTEN, SR.
CITY-ST-ZIP 115 HOLLIE CT.
MAITLAND, FL. 32751

12. 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 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: *ARTHUR C. CRICHTON* ADMINISTRATOR 4-21-00 407-644-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)