

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747194

1. Entity Name

CENTURY VILLAGE EAST WE CARE, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90031 045 ****70.00

Principal Place of Business

NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442

Mailing Address

NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-5916301

Applied For

Not Applicable

Zip

Country

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

(correction)

~~MARTIN, MARTIN~~ Martell, Natalie R.
NEWPORT 0 234
CENTURY VILLAGE EAST
DEERFIELD BEACH FL 33442

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	D President (correction)	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA	
STREET ADDRESS	4027 BERSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DT Treasurer	<input type="checkbox"/> Delete
NAME	MARTELL, NATALIE R	
STREET ADDRESS	234 NEWPORT 0	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D1st Vice-President	<input type="checkbox"/> Delete
NAME	ETMAN, CHARLES Etman, Charles	
STREET ADDRESS	517 TILFORD X	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CORRECTION
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISS, RUTH	
STREET ADDRESS	3028 SWANSEA B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	2nd Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shuldiner, Bernard L.	
STREET ADDRESS	3001 Farnham N	
CITY-ST-ZIP	Deerfield Beach FL 33442	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)