

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768532

1. Entity Name

SANTAFE HEALTHCARE FACILITIES, INC.

Principal Place of Business

Mailing Address

4300 NW 89TH BLVD
GAINESVILLE FL 32606
US

4300 NW 89TH BLVD
GAINESVILLE FL 32606-5688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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

TITLE DC ☒ Delete
NAME CARR, GLENA
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE DS ☐ Delete
NAME BULLARD, AUDREY
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P ☒ Delete
NAME PEDDIE, EDWARD C
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DT ☐ Delete
NAME DINKINS, W. ARNOLD
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DVC ☐ Delete
NAME MOUNGER, WILLIAM
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ Delete
NAME DOTSON, ALBERT
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Change ☒ Addition
NAME Daniel, C.B.
STREET ADDRESS 4300 NW 89 Blvd.
CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ Change ☐ Addition
NAME 700003128437-8
STREET ADDRESS -02/08/00-01131-012
CITY-ST-ZIP *****70.00 *****70.00

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

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

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

TITLE ☐ Change ☐ 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

Philip J. Hughey 1/25/00 352-337-8700

Date

Daytime Phone #

FILED

00 FEB -3 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2354171

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

**SantaFe HealthCare Facilities, Inc.
Corporation #768532
(Addendum to 2000 Corporation Annual Filing)**

AS Hughey, Philip J., 4300 NW 89 Blvd., Gainesville, FL 32606