

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769550

1. Entity Name

SOUTH BREVARD GERIATRIC HEALTH CENTER, INC.

Principal Place of Business
618 E. MELBOURNE AVENUE
MELBOURNE FL 32902

Mailing Address
P.O. BOX 876
MELBOURNE FL 32902-0876
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

CLYDE, ORRIS E
119 W. LAILA DR.
W. MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name ANTOINETTE J. MASERHOLC
Street Address (P.O. Box Number is Not Acceptable)
390 SPOONBILL LANE
City MELBOURNE Bch FL Zip Code 32951

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

Antoinette J. Maserholc
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/00
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	PD	<input type="checkbox"/> Delete
NAME	WHITE, JAMES	
STREET ADDRESS	8021 PINENEEDLE LANE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYER, REV. ALEXANDER	
STREET ADDRESS	633 E. MELBOURNE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, INGE	
STREET ADDRESS	650 E. STRAWBRIDGE AV.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ORRIS JR, E CLYDE	
STREET ADDRESS	119 W LAILA DR	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISH, EVELYN	
STREET ADDRESS	2304 S. GREENWAY DR.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERRY SHEULIN	
STREET ADDRESS	976 S. FORK CIR.	
CITY-ST-ZIP	MELBOURNE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINETTE J. MASERHOLC	
STREET ADDRESS	390 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE Bch, FL 32951	
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:

ANTOINETTE J. MASERHOLC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90045 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)