

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830052

1. Entity Name

GE CAPITAL HEALTH CARE FINANCE, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90245 011 \*\*\*150.00

Principal Place of Business

Mailing Address

260 LONG RIDGE RD.  
STAMFORD CT 06927  
US

269 LONG RIDGE RD.  
STAMFORD CT 06927-0001  
US

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 **39-1148992**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SEDLMEIER, MARK	
STREET ADDRESS	1824 WHITE PINES TRAIL	
CITY-ST-ZIP	RICHFIELD WI	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHMIDT, JANINE R	
STREET ADDRESS	629 MAPLE STREET	
CITY-ST-ZIP	WEST BEND WI	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETER D. ZIEGLER	
STREET ADDRESS	4363 STONEY LANE	
CITY-ST-ZIP	SLINGER WI	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN HORN, LYNN R.	
STREET ADDRESS	W72 N1001 HARRISON AVE.	
CITY-ST-ZIP	CEDARBURG WI	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VANVOOREN, VERNON C	
STREET ADDRESS	1322 HAWTHORNE DR	
CITY-ST-ZIP	W BEND, WI 00000	
TITLE	AT	<input type="checkbox"/> Delete
NAME	VREDENBREGT, JEFF C.	
STREET ADDRESS	2826 W GRACE AVENUE	
CITY-ST-ZIP	MEQUON WI	

TITLE	Asst Treas - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**203-357-4544**

SIGNATURE:

*JOHN AMATO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)