

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12202

1. Entity Name
SENIOR MEADOWS OF LAKELAND LIMITED PARTNERSHIP



Principal Place of Business
13777 BELCHER ROAD
LARGO FL 33771

Mailing Address
13777 BELCHER ROAD
LARGO FL 33771

FILED

2003 FEB 25 AM 11:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-2127823

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

PIAZZA, JOHN J
13777 BELCHER ROAD
LARGO FL 33771

Name

SOCKOL, DAVID J. Esq.

Street Address (P.O. Box Number is Not Acceptable)

111 SECOND AVENUE N.E.

PLAZA TOWER, SUITE 1401

City

ST. PETERSBURG

FL

Zip Code

33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

2/20/03

DATE

9. Capital Contributions
as Shown on record.

\$190,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME LENTINI, VINCENT J
STREET ADDRESS 13777 BELCHER ROAD
CITY-ST-ZIP LARGO FL 33771

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P99000046933
NAME ADULT CARE HOLDING CORP.
STREET ADDRESS 13777 BELCHER ROAD
CITY-ST-ZIP LARGO FL 33771

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Vincent J. Lentini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/03

727-726-3310

Date

Daytime Phone #

CR2E003 (10/02)