

2001 UNIFORM BUSINESS REPORT (UBR)

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192

DOCUMENT # A98000000350

1. Entity Name

THE BETTY A. CONARD FAMILY LIMITED PARTNERSHIP N

Principal Place of Business
1707 71ST STREET N.W.
BRADENTON FL 34209

Mailing Address
P.O. BOX 14820
BRADENTON FL 34280

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

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



FILED

01 MAR 19 AM 11:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONARD, RICHARD T
1707 71ST STREET N.W.
BRADENTON FL 34209

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. Capital Contributions
as Shown on record.

\$455,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P97000109143
NAME SENIOR LIVING SERVICES, INC.
STREET ADDRESS 1707 71ST STREET N.W.
CITY-ST-ZIP BRADENTON FL 34209

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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-03/21/01--01101--025
***535.00 ***535.00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/01 441-792-6800

Date

Daytime Phone #

CR2E003 (11/00)

242

Form **SS-4**

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) BETTY A. CONARD FAMILY LIMITED PARTNERSHIP II	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name ELIZABETH A. CONARD
	4a Mailing address (street address) (room, apt., or suite no.) 1701 71 ST. ST. N.W.	5a Business address (if different from address on lines 4a and 4b) 90 BECKLEY, SINGLETON, JERISON, LIST 520 LAS VEGAS BLVD. SOUTH
	4b City, state, and ZIP code BRADENTON, FL 34209	5b City, state, and ZIP code LAS VEGAS, NEVADA 89101
	6 County and state where principal business is located CLARK, NEVADA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► ELIZABETH A. CONARD	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions)
01/01/01

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► **LIMITED PARTNERSHIP**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale)
☐ Public (retail) ☐ Other (specify) ► ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **BETTY A. CONARD** Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ►	Business telephone number (include area code)
	()
	Fax telephone number (include area code)
()	

Signature ► **Elizabeth A. Conard** Date ► **3/09/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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