

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000986**

1. Entity Name

ASSISTED CARE LIVING AT FOREST COVE, LTD.

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

Mailing Address

235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-3602479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALKER, BERRY J JR.

235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

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

BERRY J. WALKER, JR.
Signature, typed or printed name of registered agent and title if applicable.

4/23/02
DATE

9. Capital Contributions
as Shown on record.

\$1,150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 800,000 -

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 # P98000034612
NAME ASSISTED CARE LIVING AT FOREST COVE, INC.
STREET ADDRESS 235 SOUTH MAITLAND AVENUE, SUITE 216
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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

BY: **ASSISTED CARE LIVING AT FOREST COVE, INC. :**

SIGNATURE:

BERRY J. WALKER, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02 407-644-6535
Date Daytime Phone #

CR2E003 (9/01)