

2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90004-032-\$158.75-\$158.75

DOCUMENT # F00271

1. Entity Name

GOOD SAMARITAN RETIREMENT HOME, INC.

Principal Place of Business

GOOD SAMARITAN RETIREMENT HOME
507 S.E. 1st Ave.
Williston, FL 32696

FILED

00 JUL 14 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-2030908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Norm D. Fugate, Attorney at Law
110 N.E. 5th Street
Williston, Florida 32696

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and the 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
ARISE MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: AURORA MARTIN
STREET ADDRESS: 18350 NE 35th ST
CITY-ST-ZIP: WILLISTON FL 32696

☐ Delete

TITLE: VICE-PRESIDENT
NAME: SHERRY LYN MARTIN NOLFE
STREET ADDRESS: 2081 LAKE TODD CT
CITY-ST-ZIP: APOPKA FL 32712

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TITLE: SECRETARY
NAME: JOHN DAVID NOLFE
STREET ADDRESS: 2081 LAKE TODD CT
CITY-ST-ZIP: APOPKA FL 32712

☐ Delete

TITLE: TREASURER
NAME: ALEXANDER MARTIN
STREET ADDRESS: 18350 NE 35th ST
CITY-ST-ZIP: WILLISTON FL 32696

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

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.

SIGNATURE:

AURORA M. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JUNE 2000 (352) 528-3201

Date

Daytime Phone #

CR2E034 (9/99)