

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90287 022 ***158.75

DOCUMENT # F02000001746

1. Entity Name
MAGNOLIA MANOR AT GREEN COVE, INC.



Principal Place of Business
300 ESPLANADE DR. #1860
OXNARD CA 93030

Mailing Address
300 ESPLANADE DR. #1860
OXNARD CA 93030

2. Principal Place of Business
4611-4 U.S. Highway 17
Suite, Apt. #, etc.

3. Mailing Address
4611-4 U.S. Highway 17
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
02-0563434

Applied For
Not Applicable

Zip
32003

Country
USA

Zip
32003

Country
USA

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

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

Name **Elizabeth A. Mittauer**
Street Address **4611-4 U.S. Highway 17**
City **Orange Park** **FL** **Zip Code** **32003**

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]*

Elizabeth A. Mittauer, President

3-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DIMITRIADIS, ANDRE C 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ISHIKAWA, CHRISTOPHER T 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SIMPSON, WENDY 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOPTA, JULIA 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHAVEZ, ALEX 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORBIN, STEVEN M 300 ESPLANADE DR. #1860 OXNARD CA 93030	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP Mittauer, Joseph A. 4611-4 U.S. Highway 17 Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mittauer, Elizabeth A. 4611-4 U.S. Highway 17 Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Williams, Joyce A. 1093-A-1-A Beach Boulevard, #153 St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, James D. 1093 A-1-A Beach Boulevard, #153 St. Augustine, Florida 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Elizabeth A. Mittauer** **3-27-03** **904-278-0030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)