

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90126 018 \*\*\*150.00

**DOCUMENT # F56167**

1. Entity Name

**MANOR CARE OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

5511 SWIFT ROAD  
 SARASOTA

333 NORTH SUMMIT  
 TAX DEPT  
 TOLEDO OH 43604-2617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1252364**

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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. 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**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ORMOND, PAUL A	
STREET ADDRESS	333 N. SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	
TITLE	VPGS	<input type="checkbox"/> Delete
NAME	WEIKEL, KEITH M	
STREET ADDRESS	333 NORTH SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MEYERS, GEOFFREY	
STREET ADDRESS	333 N. SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	
TITLE	VGCS	<input type="checkbox"/> Delete
NAME	BIXLER, R. JEFFREY	
STREET ADDRESS	333 NORTH SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MOLER, SPENCER C	
STREET ADDRESS	333 NORTH SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCKENNA, JOHN P	
STREET ADDRESS	333 NORTH SUMMIT	
CITY-ST-ZIP	TOLEDO OH 43699-0086	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*John P. McKenna, Sec'y, Past Pres. 1/24/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/991

80010333



DO NOT WRITE IN THIS SPACE