

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61359

1. Entity Name

SOUTH FLORIDA GERIATRIC CENTER, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90030 044 ***150.00

Principal Place of Business

Mailing Address

9600 W SAMPLE RD
501
CORAL SPRINGS FL 33065
US

9600 W. SAMPLE RD
501
CORAL SPRINGS FL 33065-4037
US

2. Principal Place of Business

3111 UNIVERSITY Dr.

3. Mailing Address

3111 UNIVERSITY Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

725

725

City & State

City & State

Coral Springs Fla.

Coral Springs, Fla.

Zip

33065

Country

Broward

Zip

330654

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1776462

Applied For

Not Applicable

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

BADGER, BETTY ANN
9600 W. SAMPLE RD., #501
CORAL SPRINGS FL 33065

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BADGER, BETTY ANN 121 SW 96 TR 402 PLANTATION, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)