

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71887

1. Entity Name

MANOR CARE OF BOYNTON BEACH, INC.

Principal Place of Business

Mailing Address

3001 S CONGRESS AVE
BOYNTON BCH FL 33426
US

333 NORTH SUMMIT
TAX DEPT
TOLEDO OH 43699-0086
US

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

52-1288882

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

C T 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, 2001 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
CEOD
ORMOND, PAUL A
333 N. SUMMIT
TOLEDO OH 43699-0086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
WEIKEL, KEITH M
333 N. SUMMIT
TOLEDO OH 43699-0086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P CEO
ORMOND, PAUL A.
333 N. SUMMIT ST.
TOLEDO, OH 43604 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP COO
Weikel, Keith M.
333 N. SUMMIT ST.
TOLEDO, OH 43604 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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:

X O L Schuch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-25-01 (419)253-5764

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90203 012 ***150.00



DO NOT WRITE IN THIS SPACE

0585460

CR2E034 (10/00)

Manor Care of Boyton Beach, Inc.

F 71887
764339

OFFICERS

SOCIAL SECURITY NUMBER

Paul A. Ormond	318-40-3929
M. Keith Weikel	207-28-8021
Geoffrey G. Meyers	277-42-5493
R. Jeffrey Bixler	299-38-6797
Steven M. Cavanaugh	288-60-3655
Nancy A. Edwards	269-50-5723
Larry R. Godla	225-94-8173
John K. Graham	029-46-6282
Jeffrey A. Grillo	224-98-7656
Douglas G. Haag	299-36-1601
David C. Heberling	188-40-0289
William H. Kinschner	283-44-3564
Barry A. Lazarus	220-52-6130
Larry C. Lester	312-44-1668
Spencer C. Moler	236-72-0167
O. William Morrison	189-30-4892
Wade B. O'Brian	049-34-5914
Richard W. Parades	485-74-6906
John I. Remenar	371-54-8510
F. Joseph Schmitt	401-70-3541
Martin D. Allen	579-86-0135
David L. Gehrich	314-42-3144
Thomas R. Kile	284-66-6486
David K. Nees	301-62-4894