

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001392

1. Entity Name

THE LONG TERM CARE FOUNDATION, INC.

Principal Place of Business

C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414

Mailing Address

C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1677439

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSEN, MICHAEL P. ☒ Delete
STREET ADDRESS 2970 HARTLEY RD STE 301
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD
NAME CHIES, STEVEN E ☒ Delete
STREET ADDRESS 9920 ZILLA ST
CITY-ST-ZIP COON RAPIDS MN 55433

TITLE SD
NAME MCNEILL, DOUGLAS W ☐ Delete
STREET ADDRESS 105 MCKNIGHT DRIVE
CITY-ST-ZIP MIDDLETOWN OH 45044

TITLE D
NAME ROGERS, JAMES H. ☒ Delete
STREET ADDRESS 110 SOUTH UNION ST
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ASD
NAME BROWN, FRED T. J ☐ Delete
STREET ADDRESS 1900 RANDOLPH RD, SUITE 402
CITY-ST-ZIP CHARLOTTE NC 28207

TITLE D
NAME SANDERS, PAUL S MD ☐ Delete
STREET ADDRESS 3433 BROADWAY ST. NE STE 300
CITY-ST-ZIP MINNEAPOLIS MN 55414

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Rosen, Michael P.
STREET ADDRESS 164 South Mountain Ave.
CITY-ST-ZIP Montclair, NJ 07042

TITLE Treasurer ☒ Change ☐ Addition
NAME Steven E. Chies
STREET ADDRESS 1995 East Rum River Dr. So.
CITY-ST-ZIP Cambridge, MN 55008

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

TITLE Director ☒ Change ☐ Addition
NAME Rogers, James H.
STREET ADDRESS 244 Ashley Avenue
CITY-ST-ZIP Charleston, SC 29403

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

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

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90020 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

7/21/00

612 689-1162