

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90141 001 *1,800.00

DOCUMENT # F95000005832

1. Entity Name

SUN COAST RETIREMENT, INC.

Principal Place of Business

Mailing Address

SUN HEALTHCARE GROUP - LEGAL DEPT.
 101 SUN AVE. N.E.
 ALBUQUERQUE NM 87109

SUN HEALTHCARE GROUP - LEGAL DEPT.
 101 SUN AVE. N.E.
 ALBUQUERQUE NM 87109-4373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2202098

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	P	<input type="checkbox"/> Delete
NAME	MEYER, JERRY	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87-109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLTL, ROBERT D	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATRICK, MATTHEW G	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANN, NIKKI J	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATHANS, M SCOTT	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T. Berg	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque Nm 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark G. Wimer	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque Nm 87109	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

1-11-00

Date

505-821-3355

Daytime Phone #

CR2E034 (9/99)