

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90215 002 ***150.00

DOCUMENT # F96000000268

1. Entity Name

BEVERLY ASSISTED LIVING, INC.

Principal Place of Business

Mailing Address

5111 ROGERS AVE
 SUITE 40-A
 FORT SMITH AR 72919-0155

5111 ROGERS AVE
 SUITE 40-A
 FORT SMITH AR 72919-9007

2. Principal Place of Business

3. Mailing Address

One Thousand Beverly Way

One Thousand Beverly Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Smith, AR

City & State

Fort Smith, AR

4. FEI Number

71-0777901

Applied For

Not Applicable

Zip
 72919

Country
 USA

Zip
 72919

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CSC-CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	CD BANKS, DAVID R 5111 ROGERS AVE, SUITE 40-A FORT SMITH AR 72919-0155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HENDRICKSON, BOYD W 5111 ROGERS AVE FORT SMITH AR 72919-0155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBC MATHIES, WILLIAMS A 5111 ROGERS AVENUE, SUITE 40A FORT SMITH AR 72919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POMMERVILLE, ROBERT W 5111 ROGERS AVE FORT SMITH AR 72919-0155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, BOBBY W 5111 ROGERS AVE FORT SMITH AR 72919-0155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARKE, EUGENE B 5111 ROGERS AVE FORT SMITH AR 72919-0155	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
One Thousand Beverly Way Fort Smith, AR 72919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPDGC & AS MacKenzie, John W. One Thousand Beverly Way Fort Smith, AR 72919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
One Thousand Beverly Way Fort Smith, AR 72919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
EVP/cfo Tabakin, Scott M. One Thousand Beverly Way Fort Smith, AR 72919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
One Thousand Beverly Way Fort Smith, AR 72919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
One Thousand Beverly Way Fort Smith, AR 72919	

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 W. MacKenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. MacKenzie
Vice President, Deputy
General Counsel and 4/3/00 501-201-2000
Assistant Secretary
 Daytime Phone #

CR2E034 (9/99)