

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91324 008 \*\*\*\*\*61.25

**DOCUMENT # F96000001239**

1. Entity Name

**SOUTH CENTRAL NURSING HOMES, INC.**



Principal Place of Business

**602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804**

Mailing Address

**602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1242373**

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

**TRIMBLE, T.L.  
111 N. ORLANDO AVE.  
WINTER PARK FL 32789-3675**

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. I am familiar with, and accept the obligations of registered agent.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CPD** ☐ Delete  
NAME **CARUBBA, HENRY**  
STREET ADDRESS **1672 SWEETWATER CIRCLE WEST**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ASVD** ☐ Delete  
NAME **HOATSON, TIM**  
STREET ADDRESS **2127 S TERRACE BLVD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **STD** ☐ Delete  
NAME **JONES, WILLIAM E**  
STREET ADDRESS **1417 VALLEY PINE CIR**  
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **ASD** ☐ Delete  
NAME **COE, WALLACE O**  
STREET ADDRESS **PO BOX 6330**  
CITY-ST-ZIP **DELTONA FL 32728**

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

TITLE **ASD** ☐ Delete  
NAME **ROLL, HAROLD**  
STREET ADDRESS **729 MAY DAY DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **Vann D. Camp**  
STREET ADDRESS **500 Whisper Wood Dr**  
CITY-ST-ZIP **Longwood, FL 32779**

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:

*Henry Carubba* **REQUIRED**

4/16/03

407-975-3000

CR2E037 (10/02)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J. Deryl Knutson 777 S. Burleson Blvd Burleson, TX 76028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bernard Elliott 156 Lancer Oak Dr Apopka, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Attachment # 80095443

F96000001239