

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006547

1. Entity Name  
AUL LONG TERM CARE SOLUTIONS, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90130 013 \*\*\*150.00

703538



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

20 SECURITY DRIVE  
AVON CT 06001

20 SECURITY DRIVE  
AVON CT 06001

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 06-1460792

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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	PD CORLISS, GARY L 90 AVON MEADOW LANE AVON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRESCOTT, BARBARA A 90 AVON MEADOW LANE AVON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAVELAS, DAVID 90 AVON MEADOW LANE AVON CT 06001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARRY, RICHARD 90 AVON MEADOW LANE AVON CT 06001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LINEBACK, CHARLES ONE AMERICAN SQUARE INDIANAPOLIS IN 46282	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSON, LEROY 504 VALLEY ROAD WAYNE NJ 07470	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID BAVELAS

Date

Daytime Phone #

1/4/01 (860) 409-3310

CR2E034 (10/00)