

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91510 007 ***150.00

DOCUMENT # F98000002962
1. Entity Name
GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTE
R, INC.

Principal Place of Business **Mailing Address**
190 LIGHTKEEPERS DR. **PO BOX 311710**
PORT ST. JOE FL 32456 **ENTERPRISE AL 36331-1710**

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 **63-1192532** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM C
190 LIGHTKEEPERS DR.
PORT ST. JOE FL 32456

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: _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, WILLIAM C**
STREET ADDRESS **190 LIGHTKEEPERS DR.**
CITY-ST-ZIP **PORT ST. JOE FL**

TITLE **ST** ☐ Delete
NAME **MCCREARY, ALBERT JR.**
STREET ADDRESS **511 EAST PARK AVENUE**
CITY-ST-ZIP **ENTERPRISE AL 36330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *SIG. William C Williams III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02

8506472600

CR2E034 (9/01)