

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90219 003 ***150.00

DOCUMENT # F98000006069

1. Entity Name
EDENCARE MEZZANINE GP, INC.

Principal Place of Business N. MAIN ST. ALPHARETTA GA 30004	Mailing Address 31 N. MAIN ST. ALPHARETTA GA 30004-1620
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2460524**
 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D					
GROENTEMAN, SUSAN T					
2001 ROSS AVE., STE. 3200					
DALLAS TX 75201					
D					
FAITH, ROBERT A					
11 STATE ST.					
CHARLESTON SC 29401					
P					
HOLBROOK, ALFRED S					
31 N. MAIN ST.					
ALPHARETTA GA 30004					
VT	<input checked="" type="checkbox"/> Delete		CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
JOHNSTON, DAVID M			Clark D. Hettinga		
31 N. MAIN ST.			31 North Main Street		
ALPHARETTA GA 30004			Alpharetta, Ga 30004		
VS					
SPIEGEL, MARK T					
31 N. MAIN ST.					
ALPHARETTA GA 30004					
	<input type="checkbox"/> Delete				

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 an officer like empowered.

SIGNATURE: Clark D. Hettinga **CLARK D. HETTINGA** 4/24/00 770-569-0494
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)