

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006069

1. Entity Name
EDENCARE MEZZANINE GP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90098 010 ***150.00

Principal Place of Business
31 N. MAIN ST.
ALPHARETTA GA 30004

Mailing Address
31 N. MAIN ST.
ALPHARETTA GA 30004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10 Roswell Street
Suite, Apt. #, etc.
Ste 200
City & State
Alpharetta, GA
Zip
30004
Country
Fulton

3. Mailing Address
10 Roswell Street
Suite, Apt. #, etc.
Ste. 200
City & State
Alpharetta GA
Zip
30004
Country
Fulton

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 _____
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GROENTEMAN, SUSAN T	
STREET ADDRESS	2001 ROSS AVE., STE. 3200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAITH, ROBERT A	
STREET ADDRESS	11 STATE ST.	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLBROOK, ALFRED S	
STREET ADDRESS	31 N. MAIN ST.	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HETTINGA, CLARK D	
STREET ADDRESS	31 NORTH MAIN STREET	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SPIEGEL, MARK T	
STREET ADDRESS	31 N. MAIN ST.	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Roswell Street . Ste 200	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Roswell Street , Ste 200	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Roswell Street , Ste 200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Clark D. Hettinga Clark D. Hettinga 4/18/01 770 569-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)