

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25879

1. Entity Name

MANOR CARE OF ORANGE COUNTY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90126 024 ***150.00

Principal Place of Business

Mailing Address

333 N. SUMMIT
TAX DEPT
TOLEDO OH 43699-0086

333 N. SUMMIT
TAX DEPT
TOLEDO OH 43604-2617
US

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 **52-1410048**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 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 VPGR
NAME ORMOND, PAUL A
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

TITLE CEO
NAME WEIKEL, M. KEITH
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

TITLE VCFO
NAME MEYERS, GEOFFREY G
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

TITLE VGCS
NAME BIXLER, R. JEFFREY
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

TITLE VPAS
NAME MOLER, SPENCER C
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

TITLE SVP
NAME MCKENNA, JOHN P
STREET ADDRESS 333 N. SUMMIT
CITY-ST-ZIP TOLEDO OH 43699-0086 ☐ Delete

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

O. Schrak - Sec'y / Asst Treas. 1/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)