

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72046

1. Entity Name

NORTH FLORIDA LIVING FACILITIES INCORPORATED

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90143 043 ***150.00

003372

Principal Place of Business

Mailing Address

3314 PARAZINE AVENUE
PENSACOLA FL 32514
US

3314 PARAZINE AVENUE
PENSACOLA FL 32503
US

80044608

2. Principal Place of Business

3. Mailing Address

3314 PARAZINE 32514 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PENSACOLA FL 32514

4. FEI Number 59-2902460

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

32514

USA

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

ROBINSON, MARGOT
3314 PARAZINE AVENUE
PENSACOLA FL 32514

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.

90

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 P
NAME ROBINSON, MARGOT
STREET ADDRESS 3314 PARAZINE
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE T
NAME ROBINSON, WILEY J.
STREET ADDRESS 3314 PARAZINE AVE.
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE S
NAME ROBINSON, STEPHEN M.
STREET ADDRESS 3314 PARAZINE AVE.
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Wiley J. Robinson - WILEY J. ROBINSON - TREAS. 850-474-064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)