

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85698

1. Entity Name

MULTICARE MANAGEMENT CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90102 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1033 9TH. ST. N. STE 106  
ST. PETERSBURG FL 33701-8514

1033 9TH. ST. N. STE 106  
ST. PETERSBURG FL 28803-8541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

262 ROSEHILL ROAD

City & State

City & State

ASHEVILLE N.C.

4. FEI Number

59-2618615

Applied For

Not Applicable

Zip

Country

Zip

Country

28803

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

MOSHER, DAVID R.  
1033 9TH. ST. N. STE 106  
ST. PETERSBURG FL 33701

Name

DAVID

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 CD  
NAME MOSHER, DAVID R.  
STREET ADDRESS 1033 9TH. ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE CD  
NAME MOSHER, DAVID R.  
STREET ADDRESS 262 ROSEHILL RD  
CITY-ST-ZIP ASHEVILLE, NC 28803 ☒ Change ☐ Addition  
For mailing only

TITLE ~~SD~~  
NAME ~~MOSHER, MARION P.~~  
STREET ADDRESS ~~1033 9TH. ST. N.~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~ ☒ Delete

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

TITLE PVD  
NAME JOHNSON, DAVID W.  
STREET ADDRESS 1033 9TH ST. N. #106  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE PVD  
NAME JOHNSON, DAVID W.  
STREET ADDRESS 262 ROSEHILL RD.  
CITY-ST-ZIP ASHEVILLE, NC 28803 ☒ Change ☐ Addition  
For mailings only

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID JOHNSON

Date

4-13-00

Daytime Phone #

828-298-1593

CR2E034 (9/99)