

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90110 046 ***158.75

DOCUMENT # J 13216

1. Entity Name

Peavy Retirement Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4000 Peavy, Margaret
Suite, Apt. #, etc.
1341 S.W. AVE D

3. Mailing Address

1352 654
Suite, Apt. #, etc.
West Palm Beach

DO NOT WRITE IN THIS SPACE

City & State

Belle Glade Fl

City & State

Fl

4. FEI Number

592701503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Margaret Peavy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/21/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME Margaret E Peavy
STREET ADDRESS 1352 654
CITY-ST-ZIP West Palm Beach Fl 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Gus Peavy
STREET ADDRESS 1352 654
CITY-ST-ZIP West Palm Beach Fl 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec
NAME Marletha K. Peavy
STREET ADDRESS 1341 S.W. AVE D
CITY-ST-ZIP Belle Glade Fl 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME Ernest Howard Jr
STREET ADDRESS 6 Forest Creek Dr.
CITY-ST-ZIP Dover, DE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Asst
NAME Nina V. Peavy
STREET ADDRESS 1333 S.W. AVE C
CITY-ST-ZIP Belle Glade Fl 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ID
NAME Ida M. Gilua
STREET ADDRESS 2510 Inagae Ave
CITY-ST-ZIP CACANUF GROVE Fl 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret E Peavy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 861 9965579

DATE

Daytime Phone #

CR2E034B (12/01)