

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am

Secretary of State

02-08-2000 90138 010 \*\*\*158.75

DOCUMENT # J32109

1. Entity Name

ADULT INTERMEDIATE CARE FACILITIES, INC.

Principal Place of Business

Mailing Address

C/O FLOYD HARPER  
14327 N. 69TH DR.  
PALM BEACH GARDENS FL 33418-7240

C/O FLOYD HARPER  
14327 N. 69TH DR.  
PALM BEACH GARDENS FL 33418-7240

710841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-2721911

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

HARPER, FLOYD D  
14327 N. 69TH DR.  
PALM BEACH GARDENS FL 33418-7240

Name

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

19874 Hibiscus Drive

City

TEQUESTA

FL

Zip Code

33469-21

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

*Floyd D Harper*

FLOYD D HARPER

1-10-2000

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 PT  
NAME HARPER, FLOYD DALE ☐ Delete  
STREET ADDRESS 14327 69TH DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418-7242

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

TITLE VS  
NAME HARPER, LORY M. ☐ Delete  
STREET ADDRESS 14327 69TH DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418-7240

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Floyd D Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD D HARPER 1/10/2000

Date

Daytime Phone #

561-575-6084