

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32109

1. Entity Name

ADULT INTERMEDIATE CARE FACILITIES, INC.

Principal Place of Business

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

Mailing Address

19874 HIBISCUS DRIVE
14327 N. 69TH DR.
TEQUESTA FL 33469

Drop THIS
243 LINE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33469-2193

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, FLOYD D
19874 HIBISCUS DRIVE
TEQUESTA FL 33469 - 2193

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

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

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

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

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CITY-ST-ZIP ☐ Delete

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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:

Floyd D Harper

FLOYD D HARPER

3/13/01

561-575-6084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90064 013 ***158.75

817438



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2721911

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E034 (10/00)