

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J39304**

1. Entity Name

**SOUTHWOOD CONGREGATE LIVING, INC.****FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90305 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2355-D S. RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119  
US2400 S. RIDGEWOOD AVENUE  
#24  
S. DAYTONA FL 32119

2. Principal Place of Business

1152 Old Hammock Road

Suite, Apt. #, etc.

3. Mailing Address

202 Plumosa Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Port Orange Fl.

City &amp; State

DeBary Fl.

4. FEI Number

59-2729159

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32713

Country

U.S.A.

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

SHALETT, CHARLES  
505 DELTONA BLVD  
SUITE 103-A  
DELTONA FL 32725

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 **TD** ☐ Delete  
NAME **SHALETT, CHARLES**  
STREET ADDRESS **505 DELTONA BLVD**  
CITY-ST-ZIP **DELTONA FL 32725**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **ADE, RONALD**  
STREET ADDRESS **202 PLUMOSA ROAD**  
CITY-ST-ZIP **DEBARY FL 32713**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VPD** ☐ Delete  
NAME **ADE, ELEANOR**  
STREET ADDRESS **202 PLUMOSA RD**  
CITY-ST-ZIP **DEBARY FL 32713**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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 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

Eleanor B. Ade

Eleanor B Ade

2/27/01 (407) 668-8458

Date Daytime Phone #

CR2E034 (10/00)