

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** K97804

**1. Entity Name** Senior Care Properties, INC

APPROVED  
AND  
FILED  
00 AUG 22 PM 3:31

**Principal Place of Business** 18 North Franklin St.  
**Mailing Address** East Point, FL 32328

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business** East Point Florida  
**3. Mailing Address** 18 North Franklin St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**City & State** East Point Fla. 32328  
**Zip** **Country** **Zip** **Country**

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 58-1848507 **Applied For**  
**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**

**Name** Harold L. Stewart  
**Street Address (P.O. Box Number is Not Acceptable)** 18 North Franklin St.  
**City** East Point **FL** **Zip Code** 32328

**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 of Harold L. Stewart]*  
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**

<b>TITLE</b> Harold L. Stewart <input type="checkbox"/> Delete <b>ALL</b> <b>NAME</b> President <b>STREET ADDRESS</b> 18 North Franklin St. <b>CITY-ST-ZIP</b> East Point Fla. 32328	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> Debra E. Stewart <input type="checkbox"/> Delete <b>NAME</b> Sec. Tre. <b>STREET ADDRESS</b> 21305 S. Lake View Dr. <b>CITY-ST-ZIP</b> Panama City Beach	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 32413 <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> 400003386084--8 <b>STREET ADDRESS</b> -09/08/00--01003--014 <b>CITY-ST-ZIP</b> ****550.00 ****550.00
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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**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 of Harold L. Stewart]* *[Signature of Harold L. Stewart]* 8/22/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)