

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LOC000010081

1. Entity Name

BROOKWOOD-JACKSON COUNTY CONVALESCENT
CENTER, LLC

Principal Place of Business

Mailing Address

803 N. Calhoun Street
Tallahassee, FL 32303

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Theodore E. Mack
803 N. Calhoun Street
Tallahassee, FL 32303

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 resigning)

DATE

600004271586

-05/18/01-01:00-001

*****55.00

55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member ☐ Delete
NAME Sandpiper Cove Limited Partnership
STREET ADDRESS 3773 Howard Hughes Pkwy, Ste 300N
CITY-ST-ZIP Las Vegas, NV 89109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Kenneth P. Gummels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kenneth P. Gummels

Authorized Representative

4/27/2001 850-233-8800

Date

Daytime Phone #

CR2E083 (1/100)