

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014722

1. Entity Name

SENIOR HEALTH - SOUTH HERITAGE, LLC

FILED

01 SEP 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PROF. ARTS BLDG., 25 PENNCRAFT AVE.
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

Mailing Address

PROF. ARTS BLDG., 25 PENNCRAFT AVE.
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

2. Principal Place of Business

718 LAKEVIEW AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

111 W. MICHIGAN ST

Suite, Apt. #, etc.

410 TAX DEPT

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

City & State

MILWAUKEE, WI

Zip

53203

Country

USA

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

WYATT, BART
14255 49TH STREET N, BUILDING #3 SUITE 301
CLEARWATER FL 33762-2813

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR TSCHOP, CAROL A
PROF. ARTS BLDG., 25 PENNCRAFT AVE.
CHAMBERSBURG PA 17201

☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/11/01 (717)263-3249

STAPLE CHECK HERE

CR2E083 (5/01)