

# 2002 UNIFORM BUSINESS REPORT (UBR)

0046076

DOCUMENT # L00000014722

1. Entity Name

SENIOR HEALTH - SOUTH HERITAGE, LLC

FILED

02 MAY -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

718 LAKEVIEW AVE. SOUTH  
ST. PETERSBURG FL 33705

Mailing Address

111 W. MICHIGAN ST.  
C/O TAX DEPT.  
MILWAUKEE WI 53203

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

36-4403586

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

WYATT, BART

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

Name

Wyatt, Bart

Street Address (P.O. Box Number is Not Acceptable)

100 Second Avenue South

Ste. 901-South

City

St. Petersburg

FL

Zip Code

33701

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGR  
NAME Tschop, Carol A.  
STREET ADDRESS 785 Fifth Avenue  
CITY-ST-ZIP Chambersburg, PA 17201

TITLE  
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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:

SIGNATURE REQUIRED

Carol A. Tschop

4166102 617263-7766

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

Date

Daytime Phone #

CR2E083 (9/01)