

# 2002 UNIFORM BUSINESS REPORT (UBR)

0046084

DOCUMENT # L00000014723

1. Entity Name  
**SENIOR HEALTH - WINTER HAVEN, LLC**

**FILED**

02 MAY -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**202 AVE O NORTH  
WINTER HAVEN FL 33881**

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4403548** 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, both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>TSCHOP, CAROL A<br/>PROF. ARTS BLDG., 25 PENNCRAFT AVE.<br/>CHAMBERSBURG PA 17201</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>Tschop, Carol A.<br/>785 Fifth Avenue<br/>Chambersburg, PA 17201</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**500005500145--2**  
**-05/09/02--01035--013**  
**\*\*\*450.00**

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: **Carol A. Tschop** 4/26/02 (717)263-7766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (9/01)