

# 2002 UNIFORM BUSINESS REPORT (UBR)

0046084

DOCUMENT # L00000014723

1. Entity Name

SENIOR HEALTH - WINTER HAVEN, LLC

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

FILED

02 MAY -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

*Carol A. Tschop*

Carol A. Tschop

Date

4/26/02

Daytime Phone #

(717)263-7766

CR2E083 (9/01)