

2002 UNIFORM BUSINESS REPORT (UBR)

0046090

DOCUMENT # L00000014725

1. Entity Name
SENIOR HEALTH - TREASURE ISLE, LLC

FILED

02 MAY -9 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1735 N. TREASURE DR.
NORTH BAY VILLAGE FL 33141

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

4. FEI Number

APPLIED FOR

Applied For

36-4408591

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 2nd 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	<input type="checkbox"/> Delete
NAME	TSCHOP, CAROL A	
STREET ADDRESS	PROF. ARTS BLDG., 25 PENNCRAFT AVE.	
CITY-ST-ZIP	CHAMBERSBURG PA 17201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

300005500153
-05/09/02--01035-013
****450.00 *****50.00

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
Carol A. Tschop 4/26/02 (717) 263-7166

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

Date

Daytime Phone #

CR2E083 (9/01)