

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015552

1. Entity Name

SAGE LIVING CENTER OF PALM BAY I, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2300 Bethelview Road

3. Mailing Address

2300 Bethelview Road

Suite, Apt. #, etc.

Suite #110-195

Suite, Apt. #, etc.

Suite #110-195

City & State

Cumming GA

City & State

Cumming GA

Zip

30040

Country

Forsyth

Zip

30040

Country

Forsyth

4. FEI Number

58-2581366

Applied For

Not Applicable

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

John E. Brennels  
227 South Calhoun Street  
Tallahassee Florida 32301

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
Adair, Joe B  
STREET ADDRESS 121 Laurel Circle  
CITY-ST-ZIP Ringgold, GA 30736

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
Moore, Edward A  
STREET ADDRESS 1701 N. Greenville Ste #802  
CITY-ST-ZIP Richardson, TX 75081

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
Nixon, Charles R  
STREET ADDRESS 3660 Burnt Bridge Rd  
CITY-ST-ZIP Cumming, GA 30040

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
Howard, Charles S.  
STREET ADDRESS 10109 Rig Canoe  
CITY-ST-ZIP Jasper, GA 301267

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Charles R. Nixon*

Charles R. Nixon 678-455-1110

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

Date

Daytime Phone #

CR2E083 (11/00)