

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015553

1. Entity Name

SAGE LIVING CENTER OF FORT PIERCE 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

City & State

Cumming GA

Suite, Apt. #, etc.

Suite 110-195

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

John E. Brennells  
227 South Calhoun Street  
Tallahassee Florida 32301

7. Name and Address of New Registered Agent

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

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600004164026-3  
-05/08/01--01154--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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)