

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L00000015553

AMENDING 2001 UBR

1. Entity Name

SAGE LIVING CENTER OF FORT PIERCE I, LLC

Principal Place of Business

Mailing Address

2300 Bethelview Road
Suite 110-195
Cumming, GA 30040

2300 Bethelview Road
Suite 110-195
Cumming, GA 30040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. Brenneis
227 South Calhoun Street
Tallahassee, FL 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

500004476755--1
-07/16/01--01030--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member/Member ☐ Change ☒ Addition
Sage Living Centers, Inc.
2300 Bethelview Road, Suite 110-195
Cumming, GA 30040

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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.

Sage Living Centers, Inc.

By: Charles R. Nixon,

President Secretary

SIGNATURE:

Charles R. Nixon

7.6.10

678/455-1110

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

Date

Daytime Phone #

CR2E083 (11/00)