

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003097**

1. Entity Name  
**STARKE NURSING CENTER, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR - 3 AM 8:55

Principal Place of Business      Mailing Address  
808 S. COLLEY ROAD      808 S. COLLEY ROAD  
STARKE FL 32091      STARKE FL 32091-4215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-3544541**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHN, DAVID R  
210 SOUTH PARSONS DRIVE, SUITE 12  
BRANDON FL 33511

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      (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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	HAGAN, ROBERT W	SUITE 50-B, 16 NORCROSS STREET ROSWELL GA 30075				

*mf 3/11/00*

600003178426-1  
-03/21/00-01104-008  
\*\*\*\*\*50.00 \*\*\*\*\*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: Robert W. Hagan      Date: 2-22-2000      Daytime Phone #: 770 993 4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      *Robert*

CR2E083 (9/99)