

2000 UNIFORM BUSINESS REPORT (UBR)

0014120 AF

DOCUMENT # L99000005255

1. Entity Name
THE ALLEGRO AT EAST LAKE, L.L.C.

FILED
00 MAR 24 AM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
C/O HALLMARK SENIOR HOUSING, INC.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS MO 63105

Mailing Address
C/O HALLMARK SENIOR HOUSING, INC.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS MO 63105-3500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2509504

Applied For

Not Applicable

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

THERESA MARIE KENNEY, ESQ.
FORD, JETER, BOWLUS & DUSS, P.A.
10110 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

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
STREET ADDRESS
CITY - ST - ZIP
MGRM
HALLMARK SENIOR HOUSING, INC.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS MO 63105 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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:

SIGNATURE REQUIRED
George R. Heinz

Date

Daytime Phone #

3/10/00

314-512-7957

CR2E083 (9/99)