

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000005905

1. Entity Name
WINTER HAVEN CARE, LLC

00 JUN 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
111 W MICHIGAN ST.
MILWAUKEE WI 53203

Mailing Address
111 W MICHIGAN ST.
MILWAUKEE WI 53203-2903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 LAKE ALFRED RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL

Zip
33881

Country

City & State

Zip

Country

4. FEI Number
36-4321378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311

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 _____ (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	<input type="checkbox"/> Delete
	MGRM			
	NORTHERN HEALTH FACILITIES, INC.			
	111 W. MICHIGAN ST.			
	MILWAUKEE WI 53203			

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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1450.00 **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: WALTER A. LEONOWICH 4/28/00 414/908-8438

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #