

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 9900000 5906**

1. Entity Name

SARASOTA CARE, LLC

Principal Place of Business  
4783 FREETVILLE ROAD  
SAFETY HARBOR, FL 34232

Mailing Address  
111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203

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  
36-4321370

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

LEXIS DOCUMENT SERVICES, INC  
3953 WW KELLEY ROAD  
TALLAHASSEE, FL 32311

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/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NORTHERN HEALTH FACILITIES  
111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700004273117-05/21/01-01078-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700004273117-05/21/01-01078-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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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. Levonowich* WALTER A. LEVONOWICH

04/24/01

414/908-8093

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

Date

Daytime Phone #