

# 2002 UNIFORM BUSINESS REPORT (UBR)

0046068

DOCUMENT # L99000006381

1. Entity Name

WINTER HAVEN HEALTH AND REHABILITATION CENTER, L  
LC

Principal Place of Business

202 AVENUE O NE  
WINTER HAVEN FL 33880

Mailing Address

111 WEST MICHIGAN STREET  
MILWAUKEE WI 53203

FILED  
02 MAY 10 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. Fee Number

56-4321795

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

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  
Due By May 1, 2002

300005502439--3  
-05/10/02--01031--012  
\*\*\*1400.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE WI 53203 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

DOUGLAS J. HARRIS

4/19/02

414/908-8438

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

Date

Daytime Phone #

CR2E083 (9/01)