

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

①

DOCUMENT # L99000008024

1. Entity Name

FIRST COAST HEALTH & REHABILITATION CENTER, LLC

00 JUN 27 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

111 WEST MICHIGAN STREET  
MILWAUKEE WI 53203

Mailing Address

111 WEST MICHIGAN STREET  
MILWAUKEE WI 53203-2903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7723 JASPER AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

36-4329440

Applied For

Not Applicable

Zip

Country

32211

Zip

Country

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 ROAD  
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**

9. MANAGING MEMBERS/MEMBERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

10. ADDITIONS/CHANGES

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Walter A. Lewonowich*  
WALTER A. LEWONOWICH 4/28/00 414/908-8438