

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001670

1. Entity Name
ORLANDO ASSISTED LIVING INVESTORS, LLC

Principal Place of Business

3001 KEITH STREET
CLEVELAND TN 37312

Mailing Address

3001 KEITH STREET
CLEVELAND TN 37312

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

APPLIED FOR

62-1829430

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGRM PRESTON, FORREST L
STREET ADDRESS 3001 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312 ☐ Delete

TITLE NAME Chief Manager ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM WADDELL, J. MICHAEL
STREET ADDRESS 3001 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312 ☐ Delete

TITLE NAME Vice President/Treasurer ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM CLAYTON, ANGELENA
STREET ADDRESS 3001 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312 ☐ Delete

TITLE NAME Vice President/Secretary ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM ARELLANO, TIMOTHY B
STREET ADDRESS 3001 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312 ☒ Delete

TITLE NAME Assistant Secretary ☐ Change ☒ Addition
NAME Joan E. Thurmond
STREET ADDRESS 3001 Keith Street
CITY-ST-ZIP Cleveland, TN 37312

TITLE NAME MGRM CROSS, CINDY S
STREET ADDRESS 3001 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312 ☐ Delete

TITLE NAME Assistant Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE 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.

Orlando Assisted Living Investors, LLC

SIGNATURE:

By: *Joan E. Thurmond* JOAN E. THURMOND, Assistant Secretary

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

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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2/28/01

(423) 473-5868