

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90011 028 ****50.00

DOCUMENT # M00000001673

1. Entity Name

OCALA 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

62-1829158

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 PRESTON, FORREST L
 3001 KEITH STREET
 CLEVELAND TN 37312** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 WADDELL, J. MICHAEL
 3001 KEITH STREET
 CLEVELAND TN 37312** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Please see attached Exhibit A ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 THURMOND, JOAN E
 3001 KEITH STREET
 CLEVELAND TN 37312** ☐ Delete

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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.

Ocala Assisted Living Investors, LLC

SIGNATURE: By *Joan E. Thurmond* **Joan E. Thurmond, Assistant Secretary 4/17/02 423-473-5868**

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

Date

Daytime Phone #

CR2E083 (9/01)

Attachment

945723

#MA0000001673

EXHIBIT "A"

Ocala Assisted Living Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
Vice President	Richard J. Wager	3570 Keith Street, NW Cleveland, TN 37312
Vice President/ Secretary/Treasurer	Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW Cleveland, TN 37312