

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90368 001 *****8.75
02-17-2003 90368 002 ***150.00

DOCUMENT # **M66421**

1. Entity Name
THE CEDARS OF OKLAWAHA, INC.



Principal Place of Business
**12351 SE 135TH CT.
OKLAWAHA FL 32183
US**

Mailing Address
**P.O. BOX 339
OKLAWAHA FL 32183
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2866572**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAFFALL, MARTHA E.
~~12351 SE 135TH COURT~~ 12342 SE 135th Court
OKLAWAHA FL 32179**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAFFALL, CRAIG A	
STREET ADDRESS	12351 SE 135TH CT.	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAFFALL, MARTHA E	
STREET ADDRESS	12351 SE 135TH CT.	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENS DILL, GLORIA M	
STREET ADDRESS	16845 S.E. 65TH ST	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COY, PATRICIA B	
STREET ADDRESS	10 OLIVE CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12342 SE 135th Ct.	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12342 SE 135th Ct.	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10880 S E 72nd Ter.	
CITY-ST-ZIP	Belleview, FL 34420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha E. Caffall Date: **Feb. 10, 2003** Daytime Phone #: **352/288-1350**

0609470 AT

CR2E034 (10/02)