

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # M72633**  
 1. Entity Name  
**BETHAMY LIVING CENTER MANAGEMENT COMPANY**

Principal Place of Business 910 RIDGEBROOK RD.  SPARKS MD 21152 US	Mailing Address 910 RIDGEBROOK RD.  SPARKS MD 21152 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number  
**33-0502084**  
 Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
 1406 HAYS STREET  
 SUITE 2  
 TALLAHASSEE FL 32301 US

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 \_\_\_\_\_ DATE **03/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELKINS MARSHALL A. <input type="checkbox"/> Delete 10065 RED RUN BLVD OWINGS MILLS MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN MARC <input type="checkbox"/> Delete 10065 RED RUN BLVD OWINGS MILLS MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO MARK <input type="checkbox"/> Delete 10065 RED RUN BLVD OWINGS MILLS MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON ROBERT <input type="checkbox"/> Delete 10065 RED RUN BLVD OWINGS MILLS MD 21117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT TAYLOR <input type="checkbox"/> Delete 10065 RED RUN BLVD OWINGS MILLS MD 21117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS MARSHALL A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 RIDGEBROOK ROAD SPARKS MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN MARC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 RIDGEBROOK ROAD SPARKS MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 RIDGEBROOK ROAD SPARKS MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 RIDGEBROOK ROAD SPARKS MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT TAYLOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 910 RIDGEBROOK ROAD SPARKS MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MARK FULCHINO** VP **03/12/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)