

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001541**

1. Entity Name

HCR/ALTERRA DEVELOPMENT II, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business

450 N. SUNNYSLOPE RD., SUITE 300
BROOKFIELD WI 53005

Mailing Address

450 N. SUNNYSLOPE RD., SUITE 300
BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10000 Innovation Dr.

Suite, Apt. #, etc.

Tax Dept.

City & State

Milwaukee WI

Zip
53226

Country

3. Mailing Address

10000 Innovation Dr.

Suite, Apt. #, etc.

Tax Dept.

City & State

Milwaukee WI

Zip
53226

Country

4. FEI Number

391973270 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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
NAME
MGRM
STREET ADDRESS
CITY- ST- ZIP
ALTERRA HEALTHCARE CORPORATION
450 N. SUNNYSLOPE RD., SUITE 300
BROOKFIELD WI 53005

☐ Delete

TITLE
NAME
MGRM
STREET ADDRESS
CITY- ST- ZIP
MANOR CARE, INC.
333 NORTH SUMMIT ST.
TOLEDO OH 43604

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
10000 Innovation Dr.
Milwaukee WI 53226

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP
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NAME
STREET ADDRESS
CITY- ST- ZIP

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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

Mark J. Chapman

4-21-2000

Date

414-98-5593

Daytime Phone #