

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90053 015 ****61.25

DOCUMENT # N00000001167

1. Entity Name

ZION MANOR, INC.

Principal Place of Business

Mailing Address

**7401 WINKLER RD.
 FT. MYERS FL 33919**

**7401 WINKLER RD.
 FT. MYERS FL 33919**

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

65-0986361

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**OLSON, LYLE
 7401 WINKLER RD.
 FT. MYERS FL 33919**

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 reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **OLSON, LYLE**
 STREET ADDRESS **15070 LAKESIDE VIEW DR #1201**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
 NAME **Westermann, Ted**
 STREET ADDRESS **6183 Forest Villas Circle**
 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **VP** ☐ Delete
 NAME **HELGESON, ROBERT**
 STREET ADDRESS **11310 CORBEL CIRCLE #1827**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **KOOPMAN, KENNETH**
 STREET ADDRESS **5109 AVALON DR**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **T** ☐ Delete
 NAME **HENRY, MERLE F**
 STREET ADDRESS **1630 N MAYFAIR RD**
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **D** ☒ Delete
 NAME **SHULTZ, RICHARD**
 STREET ADDRESS **1484 BASS CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
 NAME **Schmitt, Marian**
 STREET ADDRESS **9257 Coral Isle Way**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **D** ☐ Delete
 NAME **WALBURG, WALLY**
 STREET ADDRESS **8606 MADERSTON COURT**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ 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 617, 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: *Merle F. Henry* **MERLE F. HENRY**

4-22-2002

(239) 481-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)