

FILED  
Jul 06, 2001 8:00 am  
Secretary of State

05-17-2001 90395 033 \*\*\*\*70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005243

1. Entity Name

CAMPUS OF CARE ASSISTED LIVING FACILITY, INC.



Principal Place of Business

3805 THE LORD'S WAY  
NAPLES FL 34104

Mailing Address

3805 THE LORD'S WAY  
NAPLES FL 34104

2. Principal Place of Business

3805 The Lord's Way  
Suite, Apt. #, etc.

3. Mailing Address

3805 The Lord's Way  
Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34114

Country

City & State

Naples, FL

Zip

34114

Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILMORE, RICARDO L  
101 E KENNEDY BLVD, SUITE 3200  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Mallory, J. David  
Street Address (P.O. Box Number is Not Acceptable)

3805 The Lord's Way  
City: Naples FL Zip Code: 34114

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 of principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/01/2001  
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	PD	<input type="checkbox"/> Delete
NAME	MALLORY, J. DAVID	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLORY, REBECCA	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASSETY, ED	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONKLIN, BILL	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HERMES	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, DOUG	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34104 34114	

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	
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	
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)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/2001 941-774-1165

Date Daytime Phone #

CR2E037 (10/00)