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**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 &amp; State

Naples, FL

Zip  
34114

Country

City &amp; State

Naples, FL

Zip  
34114

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

7

\$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)

DATE

5/01/2001

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

TITLE: PD  
 NAME: MALLORY, J. DAVID  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

TITLE: VD  
 NAME: MALLORY, REBECCA  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

TITLE: SD  
 NAME: CASSETTY, ED  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

TITLE: TD  
 NAME: CONKLIN, BILL  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

TITLE: D  
 NAME: HERNANDEZ, HERMES  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

TITLE: D  
 NAME: JAMES, DOUG  
 STREET ADDRESS: 3805 THE LORD'S WAY  
 CITY-ST-ZIP: NAPLES FL 34104 34114 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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)(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)