

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
 04-14-2001 90017 016 *****61.25

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DOCUMENT # N00000007462

1. Entity Name

SAGE LIVING CENTERS, INC.

Principal Place of Business

201 WISELY WAY
 RINGGOLD GA 30736

Mailing Address

201 WISELY WAY
 RINGGOLD GA 30736

344100

2. Principal Place of Business

2300 BETHELVIEW ROAD

3. Mailing Address

2300 BETHELVIEW ROAD

Suite, Apt. #, etc.

SUITE 110-195

Suite, Apt. #, etc.

SUITE 110-195

City & State

CUMMING GA

City & State

CUMMING GA

Zip

30040

Country

FORSYTH

Zip

30040

Country

FORSYTH

4. FEI Number

58-2581366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPARKS, JAMES
 2503 CHESTERFIELD DR
 FT PIERCE FL 34982**

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 \$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 **D** ☐ Delete
 NAME **ADAIR, JOE B DR**
 STREET ADDRESS **201 WISELY WAY**
 CITY-ST-ZIP **RINGGOLD GA 30736**

TITLE **D** ☐ Delete
 NAME **MOORE, EDWARD A**
 STREET ADDRESS **1701 N GREENVILLE, SUITE 802**
 CITY-ST-ZIP **RICHARDSON TX 75081**

TITLE **D** ☒ Delete
 NAME **GYGER, TERRY REV**
 STREET ADDRESS **30 E 37TH ST #M-5**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **NIXON, CHARLES R.**
 STREET ADDRESS **3660 BURNT BRIDGE ROAD**
 CITY-ST-ZIP **CUMMING GA 30040**

TITLE ☐ Change ☒ Addition
 NAME **HOWARD, CHARLES S**
 STREET ADDRESS **10109 816 CANOE**
 CITY-ST-ZIP **JASPER, GA 30126**

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:

CHARLES R. NIXON 3-16-01 678-455-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)