

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2003 8:00 am
Secretary of State

04-17-2003 90122 050 ****61.25

DOCUMENT # N02000003901

1. Entity Name

DOUGLAS ASSISTED LIVING FACILITY, INC.



Principal Place of Business

**1345 ERMINE ST.
LAKE CITY FL 32055**

Mailing Address

**1345 ERMINE ST.
LAKE CITY FL 32055**

55042352

4. Principal Place of Business

NE 769 Gurley Ave
Suite, Apt. #, etc.

Mailing Address

NE 769 Gurley Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lake City Florida

City & State

Lake City Florida

4. FRI Number

04-3675424

Applied For

Not Applicable

Zip

32055

Country

Zip

32055

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, MARY
1345 ERMINE ST.
LAKE CITY FL 32055**

Name **Mary Carter**
Street Address (P.O. Box Number is Not Acceptable)
NE 769 Gurley Ave
City **Lake City** FL Zip Code **32055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Carter**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** NAME **CARTER, MARY - D** ☐ Delete
STREET ADDRESS **1345 ERMINE ST.**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **T** NAME **CARTER, NATHAN - T** ☐ Delete
STREET ADDRESS **1345 ERMINE ST.**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **T** NAME **INGRAM, DEBORAH - T** ☐ Delete
STREET ADDRESS **1345 ERMINE ST.**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **NE 769 Gurley Ave** ☒ Change ☐ Addition
STREET ADDRESS **LAKE CITY FL 32055**

TITLE **T** NAME **NE 769 Gurley Ave** ☒ Change ☐ Addition
STREET ADDRESS **LAKE CITY, FLORIDA 32055**

TITLE **T** NAME **NE 769 Gurley Ave** ☒ Change ☐ Addition
STREET ADDRESS **LAKE CITY, FL 32055**

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

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

TITLE NAME ☐ Change ☐ Addition
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: **Mary Carter**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-2003

CR2E037 (10/02)