

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N04821

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: CEDARS OF LEBANON ENTERPRISES, INC.

Current Principal Place of Business:

2812 NORTH 27TH STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4787
TAMPA, FL 336774787

New Mailing Address:

FEI Number: 59-2511463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGLAND, ALTHEA SMITH
1719 BEACH ST.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ENGLAND, ALTHEA S PRES
1719 W. BEACH ST.
TAMPA, FL 336073023 US

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: ALTHEA SMITH ENGLAND

05/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENGLAND, ALTHEA SMITH, H
Address: 1719 BEACH ST.
City-St-Zip: TAMPA, FL 336073023

Title: VD () Delete
Name: HICKS, NELL
Address: 4612 FAIRWAY DR
City-St-Zip: TAMPA, FL 33603

Title: TD () Delete
Name: PATTERSON, MARJORIE J.
Address: 913 W. ALFRED ST.
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: FOSTER, BLANCHE
Address: 4456 E TARPON DR
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: ROBERTSON, ELIZABETH
Address: 608 JACQUELINE DRIVE
City-St-Zip: VALRICO, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ENGLAND, ALTHEA S PRES
Address: 1719 BEACH ST.
City-St-Zip: TAMPA, FL 336073023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COHEN, JODI
Address: 105 W. LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA SMITH ENGLAND

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date

DAVID ANDERSON
500 N. WEST SHORE BLVD.
TAMPA, FLORIDA 33609

JUDITH NOLASCO
HILLSBOROUGH COMMUNITY COLLEGE
30 COLUMBIA CIRCLE
TAMPA, FLORIDA 33606