

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27215

1. Entity Name

BON SECOURS - MARIA MANOR NURSING CARE CENTER, I

Principal Place of Business

10300 4TH ST. N.
ST. PETERSBURG FL 33716

Mailing Address

10300 4TH ST. N.
ST. PETERSBURG FL 33716-3810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0067869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, MICHAEL
10300 4TH STREET NORTH
ST. PETERSBURG FL 33716

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROGERS, MARY CATHERINE SR.
STREET ADDRESS 10300 4TH STREET NO.
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE T ☒ Delete
NAME LYONS, LISA
STREET ADDRESS 10300 4TH ST., NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☐ Change ☒ Addition
NAME Christopher Marois
STREET ADDRESS 8601 4th Street N
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE C ☒ Delete
NAME ALLEN, MARY WYATT
STREET ADDRESS 10300 4TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE C ☐ Change ☒ Addition
NAME Peter Burns
STREET ADDRESS 15110 Craggy Cliff Street
CITY-ST-ZIP Tampa, FL 33625

TITLE D ☐ Delete
NAME AFASANO, DEBBIE DON
STREET ADDRESS 10300 4TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33716

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

TITLE D ☐ Delete
NAME SPIKES, MARY
STREET ADDRESS 10300 4TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33716

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

TITLE ☐ Delete
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E017 (1/98)