

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27215

1. Entity Name

BON SECOURS - MARIA MANOR NURSING CARE CENTER, I



FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90005 021 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0067869**

Applied For

Not Applicable

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
After September 12, 2001, min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD			<input type="checkbox"/>	<input type="checkbox"/>
	ROGERS, MARY CATHERINE SR.	10300 4TH STREET NO.	ST. PETERSBURG FL		
				<input type="checkbox"/>	<input type="checkbox"/>
	T			<input type="checkbox"/>	<input type="checkbox"/>
	MAROIS, CHRISTOPHER	8601 4TH STREET N	SAINT PETERSBURG FL 33703		
				<input type="checkbox"/>	<input type="checkbox"/>
	C			<input type="checkbox"/>	<input type="checkbox"/>
	BURNS, PETER	15110 CRAGGY CLIFF STREET	TAMPA FL 33625		
				<input type="checkbox"/>	<input type="checkbox"/>
	D			<input type="checkbox"/>	<input type="checkbox"/>
	AFASANO, DEBBIE DON	10300 4TH ST. N.	ST. PETERSBURG FL 33716		
				<input type="checkbox"/>	<input type="checkbox"/>
	D			<input type="checkbox"/>	<input type="checkbox"/>
	SPIKES, MARY	10300 4TH ST. N.	ST. PETERSBURG FL 33716		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

7/16/01 725-576-102

CR2E037 (5/01)