

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90376 022 ****61.25

80127880



DO NOT WRITE IN THIS SPACE

DOCUMENT # N27215

1. Entity Name

**BON SECOURS - MARIA MANOR NURSING CARE CENTER, I
 NC.**

Principal Place of Business

Mailing Address

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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 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 MAROIS, CHRISTOPHER
 STREET ADDRESS 8601 4TH STREET N
 CITY-ST-ZIP SAINT PETERSBURG FL 33703

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

TITLE C ☐ Delete
 NAME BURNS, PETER
 STREET ADDRESS 15110 CRAGGY CLIFF STREET
 CITY-ST-ZIP TAMPA FL 33625

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

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

TITLE D ☐ Change ☒ Addition
 NAME Karen Oliver, RN, DON
 STREET ADDRESS 10300 4th Street N
 CITY-ST-ZIP St. Petersburg, FL 33716

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 REQUIRED

07/03/02 727-576-1025

CR2E037 (4/02)