

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 30108*

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90124 026 ***61.25

B0083043

DO NOT WRITE IN THIS SPACE

1. Entity Name
McClouds Adult Living Facility, Inc

Principal Place of Business
McCloud's Adult Living Facility, Inc
140 Astor Ave
Quincy, FL 32351

2. Principal Place of Business
140 Astor Ave
 Suite, Apt. #, etc.

3. Mailing Address
140 Astor Ave
 Suite, Apt. #, etc.

City & State
Quincy, FL
 Zip
32351
 Country
Gadsden

4. FEI Number
59-292-38-61
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Ronald L McCloud
108 Astor Ave
Quincy, FL 32351

7. Name and Address of New Registered Agent

Name
 Street
 City
 State
 Zip Code
FL 32351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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

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

TITLE	<i>President - DIR</i>	<input type="checkbox"/> Delete
NAME	<i>Ronald L McCloud</i>	
STREET ADDRESS	<i>108 Astor Ave</i>	
CITY-ST-ZIP	<i>Quincy, FL 32351</i>	
TITLE	<i>Vice President - DIR</i>	<input type="checkbox"/> Delete
NAME	<i>Rosetta McCloud</i>	
STREET ADDRESS	<i>140 Astor Ave</i>	
CITY-ST-ZIP	<i>Quincy, FL 32351</i>	
TITLE	<i>Secretary - DIR</i>	<input type="checkbox"/> Delete
NAME	<i>Juanita McCloud</i>	
STREET ADDRESS	<i>108 Astor Ave</i>	
CITY-ST-ZIP	<i>Quincy, FL 32351</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Juanita McCloud*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850
4/28/00 *627-3562*
 Date Daytime Phone #

CR2E037 (9/99)