

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90127 023 \*\*\*\*70.00

**A0061828**

DO NOT WRITE IN THIS SPACE

DOCUMENT # *N 30108*  
 1. Entity Name  
*McCloud's Adult Living Facility, Inc*

Principal Place of Business Mailing Address  
*140 Astor Avenue*

2. Principal Place of Business 3. Mailing Address  
*140 Astor Avenue*

Suite, Apt. #, etc. City & State  
*SPRINE Quincy FL*

City & State  
*Quincy FL*

Zip Country Zip Country  
*32351*

4. FEI Number Applied For  
*59-2923861* Not Applicable

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

6. Name and Address of Current Registered Agent  
*Ronald McCloud*  
*108 Astor Avenue*  
*Quincy FL 32351*

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Ronald McCloud</i>	
STREET ADDRESS	<i>108 Astor Avenue</i>	
CITY-ST-ZIP	<i>Quincy FL 32351</i>	
TITLE	<i>VPD</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>SD</i>	<input type="checkbox"/> Delete
NAME	<i>JANICE McCloud</i>	
STREET ADDRESS	<i>108 Astor Ave</i>	
CITY-ST-ZIP	<i>Quincy FL</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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: *Ronald McCloud* *Ronald McCloud* *5/30/01* *414-4430*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/00)