

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
SPINE 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 _____
 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

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		
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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 (1/17/00)