

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90266 021 \*\*\*\*61.25

0014578

**DOCUMENT # N34698**

1. Entity Name

**GREEN MEADOWS CARE CENTER, INC.**

Principal Place of Business

Mailing Address

C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A.  
P.O. BOX 7456  
SARASOTA FL 34278-7456

C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A.  
P.O. BOX 7456  
SARASOTA FL 34278-7456

00004130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0226974**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, ALVIN**  
**1273 CARTER AVE.**  
**SARASOTA FL 34239**

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 ☐ Delete  
NAME **TPD**  
STREET ADDRESS **SOMMERS, LEVI B.**  
CITY-ST-ZIP **51136 TR 225**  
**FRESNO OH 43824**

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

TITLE ☐ Delete  
NAME **TVD**  
STREET ADDRESS **SOMMERS, NORA J.**  
CITY-ST-ZIP **51136 TR 225**  
**FRESNO OH 43824**

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

TITLE ☐ Delete  
NAME **DTs**  
STREET ADDRESS **MILLER, IRENE**  
CITY-ST-ZIP **1273 CARTER AVE.**  
**SARASOTA FL**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **MILLER, ALVIN M.**  
CITY-ST-ZIP **1273 CARTER AVE.**  
**SARASOTA FL**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BEACHY, REUBEN**  
CITY-ST-ZIP **1055 FOX CREEK DR**  
**SARASOTA FL**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **MULLETT, WILLIS**  
CITY-ST-ZIP **4856 WILD DOVE LANE**  
**SARASOTA FL**

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:

*Alvin Miller*  
**Alvin Miller**

8-30-01

941-955-2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)