

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90011 003 ****61.25

DOCUMENT # **N34698**

1. Entity Name

Green Meadows Care Center, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1273 Carter Ave

3. Mailing Address

P.O. Box 7469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40084198

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, fl

City & State

Sarasota, FL 34278

4. FEI Number

65-0226974

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alvin Miller

Street Address (P.O. Box Number is Not Acceptable)

1273 Carter Ave

City **Sarasota,**

FL

34239

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Levi B. Sommers
P.O. Box 1187 Westcliffe, CO 81252**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. President
Nora Sommers
P.O. Box 1187
Westcliffe, CO 81252**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Irene Miller
1273 Carter Ave
Sarasota, fl 34239**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Alvin Miller
1273 Carter Ave
Sarasota, fl 34239**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Willis Mullett
4856 Wild Dove Lane
Sarasota, fl 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Barryn Troyer
5760 McLarnan Rd
Gambier, OH 43022**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Irene Miller** **Irene Miller** **5/11/05** **941-955-2187**

CR2E037B (12/02)