

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90188 040 \*\*\*\*70.00

**DOCUMENT # N41822**

1. Entity Name

**SANTAFE COMMUNITY CARE, INC.**

Principal Place of Business

Mailing Address

**3303 N.W. 83RD ST.  
 GAINESVILLE FL 32606  
 US**

**P.O. BOX 100303  
 GAINESVILLE FL 32610-0303  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3051104**

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

**GRILL, LEONARD J  
 P O BOX 100303  
 1329 SW 16TH ST  
 GAINESVILLE FL 32610**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **LOMBARDI, DEBORAH**  
 STREET ADDRESS **1600 SW ARCHER RD., BOX 100335**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PD**  Change  Addition  
 NAME **Lombardi, Deborah**  
 STREET ADDRESS **1043 Aragon Ave**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D**  Delete  
 NAME **MONTGOMERY, JEFF**  
 STREET ADDRESS **2630A NW 41ST ST**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **CD**  Change  Addition  
 NAME **Barnett, Larry**  
 STREET ADDRESS **6123 Lundy Place**  
 CITY-ST-ZIP **Burke, VA 22015**

TITLE **D**  Delete  
 NAME **CHANCE, JEAN**  
 STREET ADDRESS **UF, 3046 WEIMER HALL**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D**  Change  Addition  
 NAME **Besalski, Robert**  
 STREET ADDRESS **4520 NW 16th Place**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **D**  Delete  
 NAME **BANKS, LAKAY**  
 STREET ADDRESS **1335 SE 11TH AVE.**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D**  Change  Addition  
 NAME **Dwyer, Jeffrey**  
 STREET ADDRESS **P.O. Box 100177**  
 CITY-ST-ZIP **Gainesville, FL 32610**

TITLE **D**  Delete  
 NAME **MARTIN, GLORIA**  
 STREET ADDRESS **901 NW 8TH AVE, STE. A-2**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D**  Change  Addition  
 NAME **Gainer, Mary**  
 STREET ADDRESS **6015 SW 36th Way**  
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **DT**  Delete  
 NAME **GAY, GREG H**  
 STREET ADDRESS **1329 SW 16TH ST, BOX 100336**  
 CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE **D**  Change  Addition  
 NAME **Guerrein, Paula**  
 STREET ADDRESS **6701 NW 52nd Terr**  
 CITY-ST-ZIP **Gainesville, FL 32653**

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: *Mary Gainer* **NOTAR PUBLIC REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 (352) 395-8304

Date

Daytime Phone #

CR2E037 (9/99)

41822

30026601

**Box 11. Continued**

**Title** D  
**Name** Tubb, Marilyn  
**Street Address** 1600 SW Archer Road  
**City-ST-Zip** Gainesville, FL 32606

**Change**     **Addition**