

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N48692**

1. Entity Name

SUNBELT LIVING CENTERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90066 049 ****61.25

Principal Place of Business

Mailing Address

**602 COURTLAND STREET
STE 200
ORLANDO FL 32804**

**602 COURTLAND STREET
STE 200
ORLANDO FL 32804-1340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3246597

Applied For

Not Applicable

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

**STEWART, J. DARIN
111 N ORLANDO AVE
WINTER PARK FL 32789**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, MARDIAN	
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, A D	
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CENTER, RICHARD	
STREET ADDRESS	3978 MEMORIAL DRIVE	
CITY-ST-ZIP	DECATUR GA 30032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKILTON, GARY	
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIESE, CALVIN	
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMP, VANN D.	
STREET ADDRESS	602 COURTLAND ST STE 200	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Werner, Thomas L	
STREET ADDRESS	111 N. Orlando Ave	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaw, Terry D	
STREET ADDRESS	111 N. Orlando Ave	
CITY-ST-ZIP	Winter Park, FL 32789	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knutson, Deryl	
STREET ADDRESS	777 S. Burleson Blvd	
CITY-ST-ZIP	Burleson, TX 76028	
TITLE	PD	<input checked="" 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vann D. Camp

4/26/00

407-975-3000

Date

Daytime Phone #

CR2E037 (9/99)