## 2000 UNIFORM BUSINESS REPORT (UBR)

CHRISTIAN RETIREMENT CENTER OF MOUNT DORA, INC.

Principal Place of Business 13TH AVENUE AND MCDONALD STREET

2. Principal Place of Business

Suite, Apt. #, etc.

MOORE, JAMES E. 33540 WESLEY ROAD **EUSTIS FL 32738** 

City & State

Zìp

SIGNATURE

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

P.O. BOX 1017 MOUNT DORA FL 32756-1017

MOUNT DORA FL 32757

6. Name and Address of Current Registered Agent

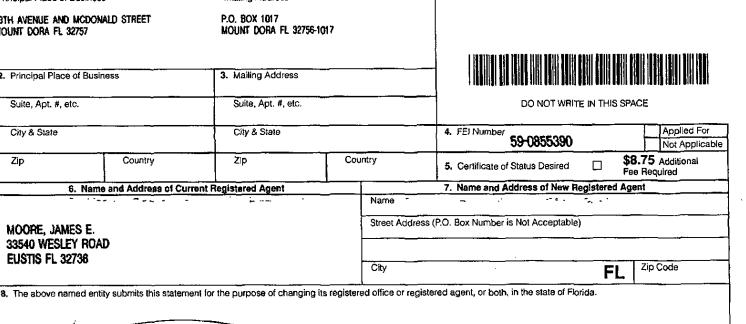
Signature, typed or printed name of registered agent and title if applicable

Country

DOCUMENT # N93000004795

## May 22, 2000 8:00 am Secretary of State

04-18-2000 90263 020 \*\*\*\*61.25



DATE

\$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME MOORE, JAMES E NAME STREET ADDRESS STREET ADDRESS 33540 WESLEY ROAD CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL** Servetary Parks Messick M Change Addition SD D Delete TITLE TITLE NAME STULTS, DENNIS NAME CR 44B. 33921 STREET ADDRESS STREET ADDRESS 550 E. LAKE ELBERT CITY-ST-ZIP CITY-ST-ZIP 32736 WINTER HAVEN FL ☐ Change ☐ Addition ☐ Delete TITLE CD TITLE NAME SUTTON, HAROLD NAME STREET ADDRESS 11208 LONGWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY STAZIP **BRADENTON FL** Change ■ Addition ☐ Delete TITLE TITLE Ð MARAIO, ARMANDO NAME NAME 712 TREELINE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Cefete mrFTITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

City

(NOTE: Registered Agent signature required when reinstating)

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:

20 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/00

Daytime Phone #