

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90343 019 \*\*\*\*61.25

**DOCUMENT # N93000004795**

1. Entity Name

**CHRISTIAN RETIREMENT CENTER OF MOUNT DORA, INC.**

Principal Place of Business

Mailing Address

200 WEST 13TH AVE  
 MOUNT DORA FL 32757

200 WEST 13TH AVE  
 MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0855390**

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

**MOORE, JAMES E.**  
**33540 WESLEY ROAD**  
**EUSTIS FL 32736**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JAMES E</b>	
STREET ADDRESS	<b>33540 WESLEY ROAD</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>STULTS, DENNIS</b>	
STREET ADDRESS	<b>550 E. LAKE ELBERT</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, HAROLD</b>	
STREET ADDRESS	<b>11208 LONGWOOD COURT</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARAIO, ARMANDO</b>	
STREET ADDRESS	<b>712 TREELINE PL</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input 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:

*James E. Moore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 (352) 388-2155  
 Date Daytime Phone #

CR2E037 (9/01)