

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004629**

1. Entity Name

C.A.U. CEDARS, INC.

Principal Place of Business

**CEDARS OF BAYMEADOWS APARTMENTS
9801 BAYMEADOWS DRIVE
JACKSONVILLE FL
US**

Mailing Address

**1090 VERMONT AVENUE, N.W.
SUITE 400
WASHINGTON DC 20005
US**

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

52-1949586

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D BRYANT, JAMES S JR.	600 WHARFSIDE WAY	JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	DPT MEHRETEAB, GHEBRE S	1090 VERMONT AVENUE, N.W., SUITE 400	WASHINGTON DC 20005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DPT Mehreteab, Ghebre Selassie	1090 Vermont Avenue, N.W., Suite 400	Washington, DC 20005
<input type="checkbox"/> Delete	DV HOFFER, JOHN G III	1090 VERMONT AVENUE, NW, SUITE 400	WASHINGTON DC 20005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	DVS WIEDORFER, JOSEPH P JR	1090 VERMONT AVENUE, N.W., SUITE 400	WASHINGTON DC 20005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VD DANFORD, RICHARD D JR	233 W. DUVAL STREET, 14TH FLOOR	JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D FRICK, STEPHEN	9428 BAYMEADOWS ROAD, SUITE 121	JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 another like empowered.

SIGNATURE: *John G. Hoffer, III*REQUIRED **John G. Hoffer, III**

1/12/01

(202) 789-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90052 006 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)