

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 040 ***61.25

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BRYANT, JAMES S JR.**
STREET ADDRESS **600 WHARFSIDE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPT** ☐ Delete
NAME **MEHRETEAB, GHEBRE S**
STREET ADDRESS **1090 VERMONT AVENUE, N.W., SUITE 400**
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HOFFER, JOHN G III**
STREET ADDRESS **1090 VERMONT AVENUE, NW, SUITE 400**
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVS** ☐ Delete
NAME **WIEDORFER, JOSEPH P JR**
STREET ADDRESS **1090 VERMONT AVENUE, N.W., SUITE 400**
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DANFORD, RICHARD D JR**
STREET ADDRESS **233 W. DUVAL STREET, 14TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRICK, STEPHEN**
STREET ADDRESS **9428 BAYMEADOWS ROAD, SUITE 121**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ 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
JOSEPH P. WIEDORFER

8/11/03

202-789-5300

CR2E037 (4/03)