

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002933

1. Entity Name

SOUTH CENTRAL NURSING HOMES OF ZEPHYRHILLS, INC.

Principal Place of Business

602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804

Mailing Address

602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIMBLE, T.L.  
111 N. ORLANDO AVENUE  
WINTER PARK FL 32789-3675

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 CPD  
NAME CARUBBA, HENRY J ☐ Delete  
STREET ADDRESS 1672 SWEETWATER CIRCLE W  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE ASVD  
NAME HOATSON, TIM ☐ Delete  
STREET ADDRESS 2127 S TERRACE BLVD  
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE ASD  
NAME MARLEY, EVERETT ☒ Delete  
STREET ADDRESS 2411 SWEETWATER COUNTRY CLUB PL  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE STD  
NAME JONES, WILLIAM E ☐ Delete  
STREET ADDRESS 1417 VALLEY PINE CIRCLE  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE ASD  
NAME COE, WALLACE O ☐ Delete  
STREET ADDRESS PO BOX 6330  
CITY-ST-ZIP DELTONA FL 32728

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

TITLE ASD  
NAME ROLL, HAROLD ☐ Delete  
STREET ADDRESS 729 MAY DAY DRIVE  
CITY-ST-ZIP APOPKA FL 32712

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:

HENRY CARUBBA 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henry Carubba*

407-975-3000

Date

Daytime Phone #

FILED  
May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90221 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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