

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005050

1. Entity Name

SUNBELT LIVING CENTER/EAST ORLANDO, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90098 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

602 COURTLAND STREET  
 STE 200  
 ORLANDO FL 32804

602 COURTLAND STREET  
 STE 200  
 ORLANDO FL 32804-1340

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

59-3437869

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

STEWART, J D  
 ADVENTIST HLTH SYS SUNBELT HEALTHCARE CORP  
 111 NORTH 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 ☐ Delete  
 NAME CARUBBA, HENRY J  
 STREET ADDRESS 1672 SWEETWATER CIRCLE W  
 CITY-ST-ZIP APOPKA FL 32712

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

TITLE DVS ☐ Delete  
 NAME HOATSON, TIM  
 STREET ADDRESS 2127 S. TERRACE BOULEVARD  
 CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE STD ☒ Delete  
 NAME BULLOCK, JOHN  
 STREET ADDRESS 2134 KORAT LANE  
 CITY-ST-ZIP ORLANDO FL 32810

TITLE ASD ☐ Change ☒ Addition  
 NAME Marley, Everett  
 STREET ADDRESS 2411 Sweetwater Country Club Place  
 CITY-ST-ZIP Apopka, FL 32712

TITLE D ☒ Delete  
 NAME WALDEN, RELIOUS  
 STREET ADDRESS 411 APRIL LANE  
 CITY-ST-ZIP APOPKA FL

TITLE ASD ☐ Change ☒ Addition  
 NAME Roll, Harold  
 STREET ADDRESS 729 May Day Drive  
 CITY-ST-ZIP Apopka, FL 32712

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

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

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

TITLE ASD ☒ 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoatson

4/27/00

407-975-3000

Date

Daytime Phone #

CR2E037 (9/99)