

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006725

1. Entity Name

HERITAGE MANOR OF MEMORIAL PARK, INC.

Principal Place of Business

C/O NORMAN J. MICHAEL
3475 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

Mailing Address

C/O NORMAN J. MICHAEL
3475 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

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

MICHAEL, NORMAN J
3475 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

4. FEI Number

65-0801315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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

TITLE D ☐ Delete
NAME MICHAEL, NORMAN J
STREET ADDRESS 10460 PRESTWICK ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☐ Delete
NAME MICHAEL, ELISHKA E
STREET ADDRESS 10460 PRESTWICK ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☐ Delete
NAME MICHAEL, THEODORE J
STREET ADDRESS 5830 N SNOWSHOE CIRCLE
CITY-ST-ZIP BLOOMFIELD MI 48301

TITLE D ☐ Delete
NAME MICHAEL, KATHLEEN
STREET ADDRESS 5830 N SNOWSHOE CIRCLE
CITY-ST-ZIP BLOOMFIELD MI 48301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN J. MICHAEL

1/12/01

561/733-4353

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE