

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006725

1. Entity Name

HERITAGE MANOR OF MEMORIAL PARK, INC.

FILED

Jun 16, 2002 8:00 am
Secretary of State

05-12-2002 90655 033 ****61.25

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

4. FEI Number

65-0801315

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MICHAEL, NORMAN J
3475 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

Name Elishka E. Michael

Street Address (P.O. Box Number is Not Acceptable)
3475 Woolbright Road

City Boynton Beach

FL

Zip Code 33436

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 Elishka E. Michael

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reissuing)

4/22/02

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME KEITH C. AUSTIN, JR.
STREET ADDRESS 340 ROYAL PALM WAY, SUITE 100
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
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: Elishka E. Michael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/22/02
Daytime Phone 561-733-4353

CR2E037 (9/01)