# 2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B01340[illegible]

DOCUMENT # N97000006725

1. Entity Name

HERITAGE MANOR OF MEMORIAL PARK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O NORMAN J. MICHAEL<br>3475 WOOLBRIGHT ROAD<br>BOYNTON BEACH FL 33436 | C/O NORMAN J. MICHAEL<br>3475 WOOLBRIGHT ROAD<br>BOYNTON BEACH FL 33436 |

DO NOT WRITE IN THIS SPACE

| 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 65-0801315 ☐ 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 |
|---|---|
| MICHAEL, NORMAN J<br>3475 WOOLBRIGHT ROAD<br>BOYNTON BEACH FL 33436 | Name: Rebecca L. Hamilton, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Rd. Suite 4150<br>City: Boca Raton FL Zip Code: 33431 |

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 _____ 7-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| After September 13, 2002, min. will be $236.25. | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MICHAEL, NORMAN J<br>10460 PRESTWICK ROAD<br>BOYNTON BEACH FL 33436 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MICHAEL, ELISHKA E<br>10460 PRESTWICK ROAD<br>BOYNTON BEACH FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Add "VP" | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MICHAEL, THEODORE J<br>5830 N SNOWSHOE CIRCLE<br>BLOOMFIELD MI 48301 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MICHAEL, KATHLEEN<br>5830 N SNOWSHOE CIRCLE<br>BLOOMFIELD MI 48301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Add "VP" | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Keith Austin, Trustee<br>340 Royal Palm Way, Ste. 100 (T)<br>West Palm Beach, FL 33480 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (4/02)

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:** Vice President REGISTERED Elishka E. Michael 561-237-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/23/02