

FILED
Aug 21, 2002 8:00 am
Secretary of State

07-24-2002 90133 008 ****61.25

2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N98000001671**

1. Entity Name

HOLDEN HEIGHTS RESIDENTIAL CARE FACILITY, INC.

DO NOT WRITE IN THIS SPACE

41900

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

817 24 STREET

Suite, Apt. #, etc.

3. Mailing Address

817 24 STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-350622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALICIA HOPKINSON-CARTER

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

817 24 STREET

City

ORLANDO

FL

Zip Code
32805

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

Alicia Hopkinson-Carter

8/15/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ALICIA HOPKINSON-CARTER 817 24 STREET ORLANDO FL 32805 D
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ANTHONY CHAMBERLAIN 817 24 ST. ORLANDO FL 32805 T
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JOAN EDWARDS 7673 SERRANO LN ORLANDO, FL 32818 T
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JAMES D. SHAY 880 LAKE MANN LN ORLANDO, FL 32805 T
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DR. JAY GUNTA 215 PRINCE CHARLES LN WINTER PARK, FL 32792 T
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like information.

SIGNATURE: **Y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

TITLE

DATE

CR2E0346 (12/01)

Attached
N9800000 1671
[REDACTED]
4/19/00

July 19, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Re: Holden Heights Residential Care Facility, Inc
Document No. N98000001671

We enclose herewith the Uniform Business Report for the year 2002 along with the fee of Sixty one dollars and twenty five cents. Our mail was rerouted incorrectly, and we never received our Uniform Business Report. Our Accountant recently made us aware that we had not submitted our Uniform Business Report for the year 2002, which we enclose.

We realize that this report is late in coming and request an abatement of any associated penalties. Again, we apologize for the delay and assure you that this will not happen again.

Respectfully,
Holden Heights Residential Care Facility, Inc.

