

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000004243**

1. Entity Name

SOUTH CENTRAL NURSING HOMES OF ORLANDO, INC.**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90102 025 ****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

59-3524491

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****STEWART, J. DARIN
111 N. ORLANDO AVE.
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 **PDC** ☐ Delete
NAME **CARUBBA, HENRY J**
STREET ADDRESS **1672 SWEETWATER W. CIR.**
CITY-ST-ZIP **APOPKA FL 32712**TITLE **CPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1672 Sweetwater Circle West**
CITY-ST-ZIPTITLE **VDC** ☐ Delete
NAME **HOATSON, TIM**
STREET ADDRESS **2127 S. TERR. BLVD.**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE **ASVD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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 **JONES, WILLIAM E**
STREET ADDRESS **1417 VALLEY PINES CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ASD** ☐ Change ☒ Addition
NAME **Roll, Harold**
STREET ADDRESS **729 May Day Drive**
CITY-ST-ZIP **Apopka, FL 32712**

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:

Tim Hoatson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

407-975-3000

Date

Daytime Phone #