

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91324 009 ****61.25

DOCUMENT # N98000004243

1. Entity Name

SOUTH CENTRAL NURSING HOMES OF ORLANDO, INC.



Principal Place of Business

**602 COURTLAND STREET
STE 200
ORLANDO FL 32804**

Mailing Address

**602 COURTLAND STREET
STE 200
ORLANDO FL 32804**

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, T.L.
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CPD** ☐ Delete
NAME **CARUBBA, HENRY J**
STREET ADDRESS **1672 SWEETWATER CIR WEST.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASVD** ☐ Delete
NAME **HOATSON, TIM**
STREET ADDRESS **2127 S. TERR. BLVD.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **ASD** ☒ Delete
NAME **MARLEY, EVERETT**
STREET ADDRESS **2411 SWEETWATER COUNTRY CLUB PL**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **PD** ☒ Change ☒ Addition
NAME **Vann D. Camp**
STREET ADDRESS **500 Whisper Wood Dr**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **STD** ☐ Delete
NAME **JONES, WILLIAM E**
STREET ADDRESS **1417 VALLEY PINES CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **ASD** ☐ Delete
NAME **COE, WALLACE O**
STREET ADDRESS **PO BOX 6330**
CITY-ST-ZIP **DELTONA FL 32728**

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

TITLE **ASD** ☐ Delete
NAME **ROLL, HAROLD**
STREET ADDRESS **729 MAY DAY DR.**
CITY-ST-ZIP **APOPKA FL 32712**

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: **Handwritten Signature** **REQUIRED**

4/16/03

407-975-3000

CR2E037 (10/02)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D J. Deryl Knutson 777 S. Burleson Blvd Burleson, TX 76028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Bernard Elliott 156 Lancer Oak Dr Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Attachment # 80095442

N98000004243