

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91078 006 ***150.00

DOCUMENT # P00000039714

1. Entity Name

HARMONY ASSISTED LIVING FACILITY, INC.

Principal Place of Business

66 PATRIC DRIVE
 PALM COAST FL 32164

51 Perrotti Lane
 Palm Coast, FL 32164

Mailing Address

66 PATRIC DRIVE
 PALM COAST FL 32164

51 Perrotti Lane
 Palm Coast, FL
 32164

00055146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

51 Perrotti Lane

3. Mailing Address

51 Perrotti Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Coast, FL

City & State

City & State

Palm Coast, FL

4. FEI Number

59-3639193

Applied For

Not Applicable

Zip

Country

Zip

Country

32164

Flagler

32164

Flagler

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

FIVES, WILLIAM G
 51 PERROTTI LANE
 PALM COAST FL 32164

Name Marilene G. Lacson

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

51 Perrotti Lane

City Palm Coast

FL

Zip Code 32164

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

Administrador Marilene G. Lacson

May 3, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME FIVES, WILLIAM G
 STREET ADDRESS 51 PERROTTI LANE
 CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

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

TITLE D
 NAME Marilene G. Lacson
 STREET ADDRESS 51 Perrotti Lane
 CITY-ST-ZIP Palm Coast, FL 32164 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilene G. Lacson

May 3, 2001 (386) 445-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)