## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT.# P0000069435 1. Entity Name MADRY MANOR OF ST. AUGUSTINE BEACH, INC. 04-19-2001 90301 040 \*\*\*150.00 Principal Place of Business Mailing Address 12130 NEWBERRY ROAD 12130 NEWBERRY ROAD GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address 894 AIA Beach Blud 5216 SW91st Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5t. Augustine 59-365913 Gaines Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Alachu Fee Required\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A Robertson, PA MCNEELY, SHARON N 12130 NEWBERRY ROAD **GAINESVILLE FL 32606** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DOST TITLE TITLE □ Delete NAME NAME MCNEELY, SHARON N SSIP SMAIL OF DUISS STREET ADDRESS STREET ADDRESS 12130 NEWBERRY ROAD Gamesulle F1 32608 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Addition ☐ Delete 5216 SW91st Drive TITE NAME MCNEELY, G. FARRELL N NAME STREET ADDRESS Gamesville, FI 32608 STREET ADDRESS 12130 NEWBERRY ROAD CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL 32606** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.