

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000101457

FILED  
Mar 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE TERRACE CARE CENTER OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

120 CHIPOLA AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

120 CHIPOLA AVE  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3682910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTS, SIDNEY W  
120 CHIPOLA AVE  
DELAND, FL 32720

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ESFORMES, MORRIS  
Address: 3737 W ARTHUR AVE  
City-St-Zip: LINCOLNWOOD, IL 60645

Title: ST ( ) Delete  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: ESFORMES, MORRIS  
Address: 3737 W ARTHUR AVE  
City-St-Zip: LINCOLNWOOD, IL 60645

Title: ST/D (X) Change ( ) Addition  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY W. ROBERTS

ST

03/17/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date