

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000037764**1. Entity Name  
**SANFORD ASSISTED LIVING, INC.****FILED****02 OCT -7 PM 1:11**SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
C/O DARYL CRAMER & ASSOCIATES PA  
515 NORTH FLAGLER DRIVE #910  
WEST PALM BEACH FL 33401  
Mailing Address  
C/O DARYL CRAMER & ASSOCIATES PA  
515 NORTH FLAGLER DRIVE #910  
WEST PALM BEACH FL 334012. Principal Place of Business  
**3901 PGA BLVD.**  
Suite, Apt. #, etc.  
**SUITE 508**  
3. Mailing Address  
**3901 PGA BLVD**  
Suite, Apt. #, etc.  
**SUITE 508**

DO NOT WRITE IN THIS SPACE

City & State  
**PALM BEACH GARDENS, FL**  
City & State  
**PALM BEACH GARDENS, FL**  
Zip  
**33410** Country  
**USA** Zip  
**33410** Country  
**USA**4. FEI Number **65-1102034** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.**  
• 515 NORTH FLAGLER DRIVE  
SUITE 910  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

Name  
**DARYL CRAMER & ASSOCIATES, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3901 PGA BLVD, SUITE 508**  
City  
**PALM BEACH GARDENS FL** Zip Code  
**33410**

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 date 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D ROSE, BROOK R MR.**  
**C/O 515 N. FLAGLER DRIVE #910**  
**WEST PALM BEACH FL 33401**  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)