

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059056

1. Entity Name

SUMMIT CARE II, INC.

FILED

02 MAR 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

Mailing Address

2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

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

59-3734290

Applied For

Not Applicable

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

PIERCE, ROBERT A
227 S. CALHOUN ST.
TALLAHASSEE FL 32301

Name ~~MICHAEL J. BLATTMAN~~
Street Address (P.O. Box Number is Not Acceptable)
~~301 E. RIVER ST.~~
~~APT. 1400~~
City ~~ORLANDO FL 32801~~ FL Zip Code ~~32801~~

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

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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS MITCHELL, JOSEPH D
CITY-ST-ZIP 2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME 500005182325-5
STREET ADDRESS -04/02/02--01030--010
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME DS
STREET ADDRESS FARMER, C. GUY
CITY-ST-ZIP 2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME 500005182325-5
STREET ADDRESS -04/02/02--01030--011
CITY-ST-ZIP *****43.75 *****8.75

TITLE ☐ Delete
NAME DP
STREET ADDRESS HERZOG, L.P.
CITY-ST-ZIP 2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME DVT
STREET ADDRESS SWAIN, W. STEWART
CITY-ST-ZIP 2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

C. G. Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

850-386-2522

Daytime Phone #

CR2E034 (9/01)