

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90321 041 ***150.00

0140966 AV

DOCUMENT # P01000113298

1. Entity Name
SENIOR LIVING OF TYLER, INC.



Principal Place of Business
**950 SE 12TH STREET
HIALEAH FL 33010**

Mailing Address
**950 SE 12TH STREET
HIALEAH FL 33010**



2. Principal Place of Business

3. Mailing Address

111 N.E. 1st Street

111 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 820

Suite 820

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33132

USA

33132

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3015676 26-005675

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

GUTTER JOSEPH & RUFFIN PA

**100 W CYPRESS CREEK RD SUITE 900
FT LAUDERDALE FL 33309**

Name

Teschner Gutter Chaves Joseph Rubin, P.A.

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

2101 Corporate Blvd.

Suite 107

City

Boca Raton, FL

FL

Zip Code

33431

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ANSLEY, NANCY J	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BACHELOR-ROBIOHNER, A.	
STREET ADDRESS	950 SE 12 STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELASCO, CARIDAD	
STREET ADDRESS	950 SE 12 STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 NE 1st Street, Suite 820	
CITY-ST-ZIP	Miami, Florida 33132	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy Ansley, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

305-416-9066

Daytime Phone #

CR2E034 (10/02)