

# 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

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**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  
**111 N.E. 1st Street**

3. Mailing Address  
**111 NE 1st Street**

Suite, Apt. #, etc.  
**Suite 820**

Suite, Apt. #, etc.  
**Suite 820**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip Country  
**33132 USA**

Zip Country  
**33132 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **75-8015676-26-005675** 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 JOSEPHER & RUFFIN PA  
100 W CYPRESS CREEK RD SUITE 900  
FT LAUDERDALE FL 33309**

Name  
**Teschler Gutter Chaves Josepher Rubin, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2101 Corporate Blvd.  
Suite 107**  
City **Boca Raton, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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  Delete  
NAME **DP ANSLEY, NANCY J**  
STREET ADDRESS **950 SE 12TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **111 NE 1st Street, Suite 820**  
CITY-ST-ZIP **Miami, Florida 33132**

TITLE  Delete  
NAME **DS BATCHELOR-ROBIOHNER, A.**  
STREET ADDRESS **950 SE 12 STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **111 NE 1st Street, Suite 820**  
CITY-ST-ZIP **Miami, Florida 33132**

TITLE  Delete  
NAME **T VELASCO, CARIDAD**  
STREET ADDRESS **950 SE 12 STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **111 NE 1st Street, Suite 820**  
CITY-ST-ZIP **Miami, Florida 33132**

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  Change  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 J. Ansley PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 305-416-9066  
Date Daytime Phone #

CR2E034 (10/02)