

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90171 036 \*\*\*158.75

**DOCUMENT # P01000122021**

**1. Entity Name**  
**NATIONAL SENIOR LIVING OF CARRBORO, INC.**

**Principal Place of Business**      **Mailing Address**  
**8801 N DALE MABRY HWY STE 501-I**      **8801 N DALE MABRY HWY STE 501-I**  
**TAMPA FL 33614**      **TAMPA FL 33614**

**80049765**



**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**      **Applied For**  
**22-3850827**      **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**

**HAGAN, JOHN E**  
**DALE MABRY HWY STE 501-I**  
**TAMPA FL 33614**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**      **8001 N. Dale Mabry Hwy Ste 501-I**  
**City**      **Tampa**      **FL**      **Zip Code**      **33614**

**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**      **President**      ☐ **Delete**  
**NAME**      **John E Hagan**  
**STREET ADDRESS**      **8001 N. Dale Mabry Hwy Ste 501-I**  
**CITY-ST-ZIP**      **Tampa, FL 33614**

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

**TITLE**      **Vice President**      ☐ **Delete**  
**NAME**      **Thomas E. Hagan**  
**STREET ADDRESS**      **8001 N. Dale Mabry Hwy Ste 501-I**  
**CITY-ST-ZIP**      **Tampa, FL 33614**

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

**TITLE**      ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**      ☐ **Change**      ☐ **Addition**  
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**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:**      *Thomas E. Hagan*      **Thomas E. Hagan**      **3/13/02**      **(813)933-7898**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)