

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90146 018 ***150.00

DOCUMENT # P02000124695

1. Entity Name

THE CURRYFORD ASSISTED LIVING FACILITY INC.



Principal Place of Business

**7130 S ORANGE BLOSSOM TR SUITE 127
ORLANDO FL 32809**

Mailing Address

**7130 S ORANGE BLOSSOM TR SUITE 127
ORLANDO FL 32809**

2. Principal Place of Business

1025 WEST OAKRIDGE RD.

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State

ORLANDO, FLORIDA

City & State

Zip

Country

32809

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, MARILYN M

**7130 S ORANGE BLOSSOM TR SUITE 127
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

FERNANDO L. CASTILLO

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

1025 WEST OAKRIDGE ROAD

City **ORLANDO**

FL

Zip Code **32809**

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)

2/20/03
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

TITLE **P** ☐ Delete
NAME **CASTILLO, MARILYN**
STREET ADDRESS **3950 KIAWA DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **V** ☐ Delete
NAME **CASTILLO, FERNANDO L**
STREET ADDRESS **3950 KIAWA DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT & TREASURER** ☐ Change ☐ Addition
NAME **FERNANDO CASTILLO**
STREET ADDRESS **5357 BROSCHE RD**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **V. PRESIDENT & SECRETARY** ☐ Change ☐ Addition
NAME **MARILYN CASTILLO**
STREET ADDRESS **5357 BROSCHE ROAD**
CITY-ST-ZIP **ORLANDO, FL 32807**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

917-674-3131
Daytime Phone #

CR2E034 (10/02)