

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27390

1. Entity Name

BAY TREE NURSING CENTER CORP.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90239 049 ***150.00

Principal Place of Business

Mailing Address

BEACON STREET

ONE BEACON STREET

1100

SUITE 1100

MA 02108

BOSTON MA 02108-3107

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

04-3071703

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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, 2000 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 PD
NAME GUILLARD, STEPHEN L.
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

TITLE C
NAME Griggs, K. Scott
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108 ☐ Change ☒ Addition

TITLE VP
NAME DELL'ANNO, DAMIAN
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

TITLE AC
NAME Stephan, William H.
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108 ☐ Change ☒ Addition

TITLE D
NAME GRIGGS, K. SCOTT
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108 ☒ Delete

TITLE AT
NAME Craig, Wayne
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108 ☐ Change ☒ Addition

TITLE T
NAME STEPHAN, WILLIAM H
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

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

TITLE AT
NAME UMANZIO, CLAIRE
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)