2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P93000054663** GOLDEN CREST RETIREMENT HOME, INC. 04-10-2000 90067 016 ***150.00 Mailing Address Principal Place of Business 3091 NW 43RD ST 3091 NW 43RD ST LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33309-4310 A0035585 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0427278 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, DONALD L Street Address (P.O. Box Number is Not Acceptable) 3091 NW 43RD ST LAUDERDALE LAKES FL 33309 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE NAME RUSSELL, DONALD L NAME STREET ADDRESS STREET ADDRESS 3091 NW 43RD ST CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33309 ☐ Change Addition TITLE □ Delete TITLE NAME MARTIN, VENORIS E NAME STREET ADDRESS 3091 NW 43RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GLORIA R. RUSSELL NAME NAME STREET ADDRESS 3091 NW 43RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33309 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 impowered 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 strengths empowered.

NING OFFICER OR DIRECTOR

Daytime Phone #