## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

indicated on this report or supplemental of the corporation or the receiver or bus

P94000019310

1. Entity Name

FOUNTAINS RETIREMENT COMMUNITIES OF FLORIDA, INC



**FILED** 

Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90155 020 \*\*\*150.00

Principal Place of Business Mailing Address 7979 S TAMIAMI TRAIL 2020 W RUDASILL SARASOTA FL 34231 TUCSON AZ 85704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3230525 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change X☐ Addition FRESHWATER, DAVID DANKER, THOMAS W. 2020 W. RUDASILL 1 NAME NAME 2020 W RUDASILL STREET ADDRESS STREET ADDRESS **TUSCON AZ** CITY-ST-ZIP CITY-ST-ZIP TUCSON AZ 85704 TITLE D ☐ Delete TITLE Change ☐ Addition NAME POZEZ, MITCHELL NAME 2020 W RUDASILL STREET ADDRESS STREET ADDRESS TUSCON AZ CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Dèlete NAME DORWART, FREDERICK NAME STREET ADDRESS 124 E FOURTH ST STREET ADDRESS CITY-ST-7IP TULSA OK CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition JHOMAS W. DANKER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

a 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 stee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if