

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90307 034 ***158.75

DOCUMENT # P95000066141

1. Entity Name
NATIONAL ASSISTED LIVING, INC.

Principal Place of Business

**2150 GOODLETTE RD
600
NAPLES FL 34102**

Mailing Address

**2150 GOODLETTE RD
600
NAPLES FL 34102**

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 **65-0610118**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET STE 105
TALLAHASSEE FL 32301**

Name

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

City

FL

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.

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, 2001 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 **CEO** ☐ Delete
NAME **WAGNER, GEORGE P JR**
STREET ADDRESS **2150 GOODFLETTE RD, SUITE 800**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ernest Hardee**
STREET ADDRESS **Hardee Realty**
CITY-ST-ZIP **100 E. 15th Street
Norfolk, VA 23510** ☐ Change ☒ Addition

TITLE **CPD** ☐ Delete
NAME **PARRISH, ALAN D**
STREET ADDRESS **2150 GOODLETTE RD, SUITE 800**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Change ☒ Addition
NAME **George Kornegay**
STREET ADDRESS **710 Henderson St.**
CITY-ST-ZIP **Mt. Olive, NC** ☐ Change ☒ Addition

TITLE **V** ☐ Delete
NAME **OSWALD, SHARON**
STREET ADDRESS **2150 GOODLETTE RD, SUITE 800**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Change ☒ Addition
NAME **ASST Sec**
STREET ADDRESS **Lawrence R. Siegel**
CITY-ST-ZIP **1292 Southfield Place
Virginia Beach, VA** ☐ Change ☒ Addition

TITLE **VST** ☐ Delete
NAME **RAWLES, TOM**
STREET ADDRESS **2150 GOODLETTE RD, SUITE 800**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Change ☐ Addition
NAME **MILLER, JOHN**
STREET ADDRESS **138 BAY HILL DR**
CITY-ST-ZIP **ADVANCE NC**

TITLE **D** ☐ Delete
NAME **SIEGAL, LAWRENCE R**
STREET ADDRESS **1292 SOUTHFIELD PLACE**
CITY-ST-ZIP **VIRGINIA BEACH VA**

TITLE **D** ☐ Change ☐ Addition
NAME **SIEGAL, LAWRENCE R**
STREET ADDRESS **1292 SOUTHFIELD PLACE**
CITY-ST-ZIP **VIRGINIA BEACH VA**

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

Thomas E. Rawles

Date

Daytime Phone #

CR2E034 (10/00)