

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000073447****1. Entity Name**

AMERICAN ASSISTED LIVING CORPORATION

Principal Place of Business

360 CENTRAL AVENUE

ST. PETERSBURG
33701

FL

Mailing Address

360 CENTRAL AVENUE

ST. PETERSBURG
33701

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3354325

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDELANO G K
360 CENTRAL AVENUEST. PETERSBURG
33701

FL

US

7. Name and Address of New Registered Agent

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)

03/29/2000

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	KURCAN STEVEN K	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBER D E	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DELANO G K	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HUSSEMAN EDWIN C	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	VC-D	<input type="checkbox"/> Delete
NAME	MEEHAN DAVID K	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	DC	<input type="checkbox"/> Delete
NAME	MENKE ROBERT M	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: G K DELANO

SD

03/29/2000

MENKE, ROBERT G. D
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

BRUBAKER, RICHARD M. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701