

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 FL 33701	Mailing Address 360 CENTRAL AVENUE ST. PETERSBURG FL 33701
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-3354325
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

DELANO G K
 360 CENTRAL AVENUE
 ST. PETERSBURG FL 33701 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 _____ DATE **03/29/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KURCAN STEVEN K			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER D E			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELANO G K			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUSSEMAN EDWIN C			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	VC-D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEEHAN DAVID K			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENKE ROBERT M			NAME			
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			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