

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90613 021 ***158.75

DOCUMENT # P95000073910

1. Entity Name

EVERGREEN MANOR RETIREMENT HOME, INC.

Principal Place of Business

3297 STATE ROAD 580
 SAFETY HARBOR FL 34695
 US

Mailing Address

3348 LAKE SHORE LANE
 CLEARWATER FL 33761
 US

2. Principal Place of Business

3297 State Rd 580
 Suite, Apt. #, etc.

3. Mailing Address

3348 Lake shore lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor
 FL
 34695
 Country
 pinellas

City & State

Clearwater, FL
 FL
 33761
 Country
 pinellas

4. FEI Number 65-0627559

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAPUSINSKY, YEE-CHUN
 3348 LAKE SHORE LANE
 CLEARWATER FL 33761

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)

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

TITLE PSTD
 NAME KAPUSINSKY, YEE-CHUN
 STREET ADDRESS 3348 LAKE SHORE LANE
 CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME ☐ Change ☐ Addition
 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:

Yee-Chun Kapusinsky (Yee-Chun Kapusinsky)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01

727-724-3116

CR2E034 (10/00)

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