

2001 UNIFORM BUSINESS REPORT (UBR)

2/7.

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-07-2001 90198 024 ***150.00

DOCUMENT # P96000026494

1. Entity Name

COURTLEIGH MANOR RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

**2770-2778 N.W. 58 TERRACE
 LAUDERHILL FL 33313**

**7325 N.W. 54 STREET
 LAUDERHILL FL 33319**

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 **65-0657415**

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

**MILES, EARL PATRICK
 7325 NW 54 ST
 LAUDERHILL FL 33319**

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	P	<input type="checkbox"/> Delete
NAME	MILES, EARL P	
STREET ADDRESS	7325 NW 54 ST	
CITY-ST-ZIP	LAUDERDALE HILL FL 33319	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MILES, GARTH K	
STREET ADDRESS	7325 NW 54 ST	
CITY-ST-ZIP	LAUDERDALE HILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVEN LEIGH MILES	
STREET ADDRESS	6849 NW 30 ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONITHY MAE MILES	
STREET ADDRESS	7325 NW 54 ST	
CITY-ST-ZIP	LAUDERDALE HILL FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAN A. FO	
STREET ADDRESS	11187 NW 38 PL	
CITY-ST-ZIP	SUNRISE FL 33351	
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: *Earl Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2001

Date

Daytime Phone #

CR2E034 (10/00)