

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057010

1. Entity Name

GRACE MANOR RETIREMENT, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90107 029 ***150.00

Principal Place of Business

321 E. HARVARD STREET
ORLANDO FL 32804

Mailing Address

321 E. HARVARD STREET
ORLANDO FL 32804

00005822

2. Principal Place of Business

321 E. HARVARD ST.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3395727

Applied For

Not Applicable

Zip

32804

Country

Orangen

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALI, HAFEEZ R
321 E. HARVARD STREET
ORLANDO FL 32804

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	DP	<input type="checkbox"/> Delete
NAME	ALI, HAFEEZ R	
STREET ADDRESS	321 E. HARVARD STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ALI, THERESA MOLLY	
STREET ADDRESS	321 E. HARVARD STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
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	<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
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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: Hafeez R. Ali (HAFEEZ R. ALI)

1/10/2001 (407) 895-8418

CR2E034 (10/00)