

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90231 021 \*\*\*150.00

**DOCUMENT # P96000082672**

1. Entity Name  
**ROSEWOOD MANOR OF VERO BEACH, INC.**

Principal Place of Business      Mailing Address  
**3710 14TH STREET      1385 20TH AVENUE**  
**VERO BEACH FL 32960      VERO BEACH FL 32960**

00000580



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3710 14th St.**

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**Vero Beach, FL      59-3441169      Not Applicable**  
 Zip      Country      Zip      Country      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	
<b>FUNNELL, SCOTT R</b> <b>1251 BARBER STREET</b> <b>SEBASTIAN FL 32958</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RENO, THOMAS M</b> <b>1385 20TH AVE.</b> <b>VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3710 14th St.</b> <b>Vero Beach, FL 32960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FUNNELL, SCOTT R</b> <b>1251 BARBER STEET</b> <b>SEBASTAIN FL 32958</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FUNNELL, ROBERT L</b> <b>4685 69TH ST.</b> <b>VERO BEACH FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>ST. PIERRE, BERNARD C</b> <b>1940 SAND DOLLAR LN.</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas M. RENO      THOMAS M. RENO      01/09/02      (561)564-0063  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)