

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90136 027 ***150.00

DOCUMENT # P96000092527

1. Entity Name

THE LAURELS NURSING CENTER CORPORATION

Principal Place of Business

**BAY VIEW, 2ND FLOOR
11300 4TH STREET, NORTH
ST. PETERSBURG FL 33716**

Mailing Address

**BAY VIEW, 2ND FLOOR
11300 4TH STREET, NORTH
ST. PETERSBURG FL 33716-2940
US**

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 **59-3419148**

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****JAMES M. CHADWICK ESQ/RENFROW & CHADWICK
11300 FOURTH ST. NORTH
STE 200
ST. PETERSBURG FL 33716**

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DVT	CHADWICK, HARRY R	BAY VIEW, 2ND FLOOR	11300 4TH ST., N. ST. PETERSBURG FL				
DP	CHADWICK, LAUREL J	BAY VIEW, 2ND FLOOR	11300 4TH ST., N. ST. PETERSBURG FL				
D	CHADWICK, JAMES M	11300 4TH ST N STE 200	SAINT PETERSBURG FL 33716				
DS	FLEETING, ANNE	11300 4TH ST N STE 200	SAINT PETERSBURG FL 33716				

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:Signature and typed or printed name of signing officer or director
Laurel J. Chadwick, President

Date

4/14/01

Daytime Phone #

(727) 578-1174

CR2E034 (10/00)