

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90098 026 \*\*\*150.00

0451082 AV

**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

4. FEI Number

**59-3419148**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, 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

TITLE **DVT** ☐ Delete  
 NAME **CHADWICK, HARRY R**  
 STREET ADDRESS **BAY VIEW, 2ND FLOOR 11300 4TH ST., N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DP** ☐ Delete  
 NAME **CHADWICK, LAUREL J**  
 STREET ADDRESS **BAY VIEW, 2ND FLOOR 11300 4TH ST., N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Delete  
 NAME **CHADWICK, JAMES M**  
 STREET ADDRESS **11300 4TH ST N STE 200**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **DS** ☐ Delete  
 NAME **FLEETING, ANNE**  
 STREET ADDRESS **11300 4TH ST N STE 200**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James M. Chadwick* 3/26/02  
 JAMES M. CHADWICK, PRESIDENT

(727) 578-1174

Date

Daytime Phone #

CR2E034 (9/01)