

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 039 ***150.00

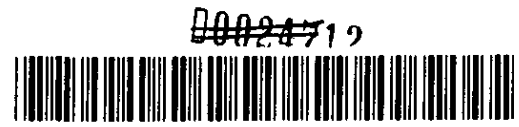
DOCUMENT # P96000101972

1. Entity Name
LONG SHADOW RETIREMENT HOME, INC.

Principal Place of Business 268 WHISPER LAKE ROAD PALM HARBOR FL 34683	Mailing Address 268 WHISPER LAKE ROAD PALM HARBOR FL 34683-5539
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2. Principal Place of Business 566 OLD OAK CIRCLE Suite, Apt. #, etc.	3. Mailing Address 566 OLD OAK CIRCLE Suite, Apt. #, etc.
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City & State PALM HARBOR, FL Zip 34683	Country	City & State PALM HARBOR FL Zip 34683	Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BOGDAN, ROZSI
268 WHISPER LAKE ROAD
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
Name **BOGDAN ROZSI**
Free Address (P.O. Box Numbers Not Acceptable) **566 OLD OAK CIRCLE**
City **PALM HARBOR, FL 34683**

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE ROZSI BOGDAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOGDAN, ROZSI		NAME 566 OLD OAK CIRCLE	
STREET ADDRESS 268 WHISPER LAKE ROAD		STREET ADDRESS PALM HARBOR, FL 34683	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Rozsi Bogdan** **ROZSI BOGDAN** 2/15/2000 727 786 3578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)