

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102635

1. Entity Name

COLONIAL RETIREMENT VILLAGE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90069 028 ***158.75

Principal Place of Business

Mailing Address

100 59TH STREET WEST

SUITE 200

FL 34209

1450 59TH STREET WEST

SUITE 200

BRADENTON FL 34209-4607

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

65-0727914

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

VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON FL 34205

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, 2000 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 PD
NAME BELLINO, ROBERT J
STREET ADDRESS 1450 59TH STREET WEST, SUITE 100
CITY-ST-ZIP BRADENTON FL 34209

☐ Delete

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

TITLE SD
NAME JACKSON, SHEILA
STREET ADDRESS 1450 59TH STREET WEST, SUITE 100
CITY-ST-ZIP BRADENTON FL 34209

☐ Delete

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

TITLE T
NAME BENABLE, JOSEPH P
STREET ADDRESS 1400 4TH AVE WEST
CITY-ST-ZIP BRADENTON FL 34205

☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

Robert J. Bellino PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(941)794-6752

Daytime Phone #

CR2E034 (9/99)