

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90002 039 \*\*\*150.00

**DOCUMENT # P97000023455**

1. Entity Name

**BATH CREST OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

5684 SEVEN OAKS DR.  
 SARASOTA FL 34241

5684 SEVEN OAKS DR.  
 SARASOTA FL 34241-5444

2. Principal Place of Business

**901 N. CONRAD AVE.**

3. Mailing Address

**901 N. CONRAD AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**65-0738588**

Applied For

Not Applicable

Zip

**34237**

Country

**USA**

Zip

**34237**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CADY, PATRICIA L**  
**5684 SEVEN OAKS DR.**  
**SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name **Metzger, Jennifer M.**  
 Street Address (P.O. Box Number is Not Acceptable) **901 N. CONRAD AVE.**  
 City **SARASOTA** FL Zip Code **34237**

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 *Jennifer M Metzger* **Vice President** DATE **1/12/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CADY, PATRICIA L</b> <b>5684 SEVEN OAKS DR.</b> <b>SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Metzger, Jennifer M.</b> <b>901 N. CONRAD AVE.</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CADY, ROBERT E</b> <b>5684 SEVEN OAKS DR.</b> <b>SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Metzger, John B.</b> <b>901 N. CONRAD AVE.</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Jennifer M Metzger* **JENNIFER M. METZGER** DATE **1/12/2000** (941) **373-0602**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)