

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90152 008 ***150.00

DOCUMENT # P97000026872

1. Entity Name
AMERICAN PIONEER SENIOR HEALTH DIVISION, INC.

Principal Place of Business

2536 COUNTRYSIDE BLVD
4TH FLOOR
CLEARWATER FL 33763
US

Mailing Address

2536 COUNTRYSIDE BLVD
4TH FLOOR
CLEARWATER FL 33763
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3453227**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHATANOFF, ROBERT HARRY
2536 COUNTRYSIDE BLVD 6TH FL
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

North, Heather L
 Street Address is Not Acceptable
Sixth Floor
Clearwater
 City **FL** Zip Code **33763**

8. The above named entity *Heather L North* **HEATHER L. NORTH** **4-17-02** its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Heather L North* **HEATHER L. NORTH** **4-17-02**
 (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BOESCH, GARY R**
STREET ADDRESS **2536 COUNTRYSIDE BLVD-6TH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **AST** ☐ Delete
NAME **BOESCH, KENNETH W III**
STREET ADDRESS **2536 COUNTRYSIDE BLVD-4TH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: *GARY R BOESCH* **GARY R BOESCH** **4-17-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)726-0726

CR2E034 (9/01)