

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90201 044 ***158.75

DOCUMENT # P97000028474

1. Entity Name

ACADEMY ADULT ASSISTED LIVING FACILITY, INC.

Principal Place of Business

**242-A DODENY LN
 PORT SAINT LUCIE FL 34984**

Mailing Address

**1958 SW DORADO LANE
 PORT ST LUCIE FL 34953**

2. Principal Place of Business

742 Academy Lane
 Suite, Apt. #, etc.

3. Mailing Address

742 Academy Lane
 Suite, Apt. #, etc.

City & State

Port St. Lucie FL
 FL

City & State

PSL

4. FEI Number

65-0766959

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CELESTIN, MARIE O
 1958 SW DORADO LANE
 PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Marie Celestin
 Street Address (P.O. Box Number is Not Acceptable)
1958 SW Dorado Lane
Port St. Lucie FL 34953
 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 **D** ☐ Delete
 NAME **CELESTIN, MARIE O**
 STREET ADDRESS **1958 SW DORADO LANE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)