

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041708

1. Entity Name

WEAVER'S ASSISTED LIVING FACILITY, INC.

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

03-02-2000 90012 038 ***158.75

Principal Place of Business

1907 NORTH ORANGE STREET
MT. DORA FL 32757

Mailing Address

P O BOX 396
MT. DORA FL 32756-0396

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

59-3432202

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

WEAVER, KARENA J
7175 CR 213
WILDWOOD FL 34785

Name

Karena J. Weaver

Street Address (P.O. Box Number is Not Acceptable)

1074 CEASARS COURT

mount Dora, FL 32757

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 P
NAME WEAVER, RARENA J
STREET ADDRESS 1907 N ORANGE ST
CITY-ST-ZIP MT DORA FL 32757



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME Weaver Karena J. Weaver
STREET ADDRESS 1074 CEASARS COURT
CITY-ST-ZIP mt. Dora, FL 32757



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



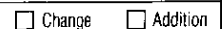
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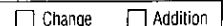
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

Karena J. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)