

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-26-2000 90079 002 ***150.00

DOCUMENT # P97000052105

1. Entity Name

GOOD SAMARITAN CARE CENTERS OF MT. DORA, INC.

R

Principal Place of Business

**2725 ROBIE AVE
MT DORA FL 32757**

Mailing Address

**P O BOX 1196
MT DORA FL 32756-1196
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3464040

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MARTIN, AURORA
2725 ROBIE AVE.
MT. DORA FL 32757**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, AURORA
2725 ROBIE AVE.
MT DORA FL 32757**

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ 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: *Aurora Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-00

352-735-1500

Date

Daytime Phone #

CR2E034 (9/99)