

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055850

1. Entity Name

FLORIDA ASSISTED LIVING, INC.

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

05-02-2000 90095 035 ***150.00

Principal Place of Business

Mailing Address

2247 PALM BEACH LAKES BLVD., SUITE 204
WEST PALM BEACH FL 33409

2247 PALM BEACH LAKES BLVD., SUITE 204
WEST PALM BEACH FL 33409-3409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0769911

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

MACKEY, WALTER J JR.
1601 FORUM PL., STE. 805
WEST PALM BEACH FL 33401

Name

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

2247 PALM BEACH LAKES BLVD., SUITE 204

City

WEST PALM BEACH

FL

Zip Code
33409

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 PD ☐ Delete
NAME MACKEY, WALTER J. J
STREET ADDRESS 772 LAGOON DR
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME KRUMM, WALTER T
STREET ADDRESS 4951 GULF SHORE BLVD, PH301
CITY-ST-ZIP NAPLES FL 33940

TITLE ☒ Change ☐ Addition
NAME KRUMM, WALTER T., AS TRUSTEE OF WALTER T.
STREET ADDRESS KRUMM TRUST DATED JANUARY 1, 1988
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME WILLIAMS, EDWARD S.
STREET ADDRESS 6080 TERRA ROSA CIR
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WALTER J. MACKEY, JR., PRESIDENT 4/26/00 561-684-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)