

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100585

1. Entity Name

MORNING GLORY ASSISTED LIVING, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90111 018 \*\*\*158.75

LU0008783



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

614 RAMIE LN.  
PORT ST. LUCIE FL 34952

614 RAMIE LN.  
PORT ST. LUCIE FL 34952-1389

2. Principal Place of Business

614 Ramie Lane

Suite, Apt. #, etc.

3. Mailing Address

614 Ramie Lane

Suite, Apt. #, etc.

City & State

Port St. Lucie, Fl/

City & State

Port St. Lucie, Fl.

4. FEI Number

65-0815355

Applied For

Not Applicable

Zip

Country

34952

St. Lucie

Zip

Country

34952

St Lucie

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

MOORE, MARY

614 RAMIE LN.

PORT ST. LUCIE FL 34952

Name

Mary Moore, Administrator, Owner

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

614 Ramie Lane, Port St. Lucie, FL 34952

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 ☐ Delete  
NAME P  
STREET ADDRESS MOORE, MARY  
CITY-ST-ZIP 614 RAMIE LN.  
PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
NAME PD  
STREET ADDRESS MARY MOORE  
CITY-ST-ZIP 614 RAMIE LANE,  
PORT ST. LUCIE, FL. 34952

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MIMS, RAYMOND  
CITY-ST-ZIP 185 CARDEN DR.  
ELIZABETH TN 37692

TITLE ☐ Change ☐ Addition  
NAME VD  
STREET ADDRESS RAYMOND MIMS  
CITY-ST-ZIP 185 CARDEN DRIVE,  
ELIZABETH, TENN. 37692

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BRUNSON, VIOLA  
CITY-ST-ZIP 1402 CITRUS AVENUE  
FT. PIERCE FL 34950

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS JERRIE REBE E ANDERSON  
CITY-ST-ZIP 106 ESTIA LANE,  
PORT ST. LUCIE, FL. 34983

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SHAW, JACK W JR.  
CITY-ST-ZIP 12 BAY ST.  
JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS EMORY C. TEEL III  
CITY-ST-ZIP 805 VIRGINIA AVRNUE,  
FORT PIERCE, FL. 34982

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

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: MARY MOORE, ADMINISTRATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 336-5224 1/15/2000

Date

Daytime Phone #

CR2E034 (9/99)