## **2003 FOR PROFIT CORPORATION** NIFORM BUSINESS REPORT (UBR)



FILED May 01, 2003 8:00 am Secretary of State ₽

1. Entity Name ZEPHYRHILLS ALF, INC.						05-01-2003 90338 031 ***150.00				
Principal Place of Business 7235 BRYAN DAIRY RD LARGO FL 33777			Mailing Address 7235 BRYAN DAIRY RD LARGO FL 33777	)						
2. Principal Place of Business			3. Mailing Address			7		# 18181 18181 I	IBIOL BILL IOCI	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3504	894		plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name a	and Address of Current I	7. Name and Address of N	7. Name and Address of New Registered Agent						
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HEENAN, JAMES E 7235 BRYAN DAIRY RD					Street Address (P.O. Box Number is Not Acceptable)					
7235 BRYAN DAIRY RD										
LARGO FL 33777										
					City		FL	Zip Code	•	
	named entity ions of registe		the purpose of changing i	its registered o	office or register	red agent, or both, in the State of	of Florida. I am fan	niliar with, a	and accept	
SIGNATURE .	GNATURE									
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
ł.		FEE IS \$150.00	9. Election Campaig	n Financing	\$5.0	0 May Be				
l .		Fee will be \$550.00	State			Trust Fund Contril			to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11.						ADDITIONS (CLIANICES TO	OFFICERS AND D	UDECTOR	N I	
TITLE	PD			TITLE	<del></del>	ADDITIONS/CHANGES TO		Change	Addition	
NAME		ICHAEL J II	L Delete	NAME			٠	_1 onlings		
STREET ADDRESS	7235 BRYA	N DAIRY RD		STREET AL	DDRESS					
CITY-ST-ZIP	LARGO FL			CITY-ST-	ZIP					
TITLE	TD		☐ Delete	TITLE		· • · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	HEENAN, J			NAME				-		
STREET ADDRESS		n dairy RD		STREET AL					ļ	
CITY-ST-ZIP	LARGO FL	33777		CITY-ST-	ZIP					
TITLE	SD		- □ Delete		de ruie		·     [	☐ Change	Addition -	
NAME	BOSWORT			NAME .						
STREET ADDRESS		N DAIRY RD		STREET AL						
CITY-ST-ZIP	Largo FL	33///		CITY-ST-	ZIP				1	

12. Thereby 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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☐ Delete

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727-546-9692

□ Change

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