

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034612

1. Entity Name
ASSISTED CARE LIVING AT FOREST COVE, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90143 028 ***150.00

0086458 AV

Principal Place of Business
~~235 MAITLAND AVENUE SOUTH~~
~~SUITE 210~~
~~MAITLAND FL 32751~~

Mailing Address
~~235 MAITLAND AVENUE SOUTH~~
~~SUITE 210~~
~~MAITLAND FL 32751~~

11050173



2. Principal Place of Business
1053 Maitland Center Commons Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 200
SAME

City & State

Maitland FL

Zip

32751

Country

USA

Zip

Country

FL

Zip Code

32751

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3602478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, BERRY J JR.
~~235 MAITLAND AVENUE SOUTH~~
~~SUITE 210~~
~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent

Name

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

1053 Maitland Center Commons Blvd.

Suite 200

City

Maitland

FL

Zip Code

32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WALKER, BERRY J JR.
~~235 MAITLAND AVENUE SOUTH, SUITE 210~~
~~MAITLAND FL 32751~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1053 Maitland Center Commons Blvd.
Suite 200
Maitland FL 32751

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 407-478-1866
Date Daytime Phone #

CR2E034 (10/02)