

2000 UNIFORM BUSINESS REPORT (UBR)

6

1062

DOCUMENT # P980000042095 ✓ R
1. Entity Name
Aripeka Assisted Living Facility, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1227 OSOWAW BLVD
Spring Hill FL 34607

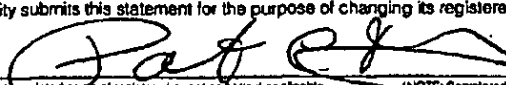
2. Principal Place of Business 3. Mailing Address
Spring Hill
Suite, Apt. #, etc.
1227 OSOWAW BLVD
City & State
Spring Hill
Zip
34607
Country
Hernando
Suite, Apt. #, etc.
S.M.C.
City & State
Zip
Country

6/12/00 90041049 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3507284
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Patricia C. Posey
1227 OSOWAW BLVD
Spring Hill, FL 34607

7. Name and Address of New Registered Agent
Name
None
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  DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

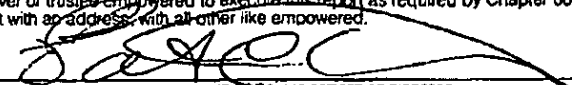
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE Daytime Phone #

CR2E034 (9/99)

Doc # 9980000 42095.

106007

2002

June 26, 2000

(0771111)

I am the only person
in the Corporation.

I did not receive the
Notice for renewal

that I had to have it

in By May or pay
\$400.00. I do not

have the \$400.00 to
send. Please waive

the fee because I

did not receive my

notice. When does it

come out so I can

get it in on time next
year.

Thank you.

Trish

Patricia C Posey

352-683-3385