2000 UNIFORM BUSINESS REPORT (UBR)

6.

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DOCUMENT # P98000042095 ✓ R

1. Entity Name

Aripeka Assisted Living Facility, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

Principal Place of Business: 1227 Osowaw Blvd, Spring Hill Fl. 34607

Mailing Address:

2. Principal Place of Business: Spring Hill
Suite, Apt. #, etc.: 1227 Osowaw Blvd
City & State: Spring Hill
Zip: 34607
Country: Hernando

3. Mailing Address:
Suite, Apt. #, etc.: Same
City & State:
Zip:
Country:

6/12/00 90041/049 $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: [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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: CEO NAME: Patricia Posey STREET ADDRESS: 1227 Osowaw Blvd CITY-ST-ZIP: Spring Hill, Fl 34607	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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LS

CR2E034 (9/99)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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June 26, 2000

(07 Year)

I am the only person in the Corporation. I did not recieve the Notice for renewal that I had to have it in By May or pay $40.00. I do not have the $40.00 to send. Please waive the fee Because I did not recieve my notice. When does it come out so I can get it in on time next year.

Thank you.

Patricia C Posey
352-683-3385