

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-27-2002 90065 050 ***150.00

DOCUMENT # P98000042095
 1. Entity Name Aripeka A.L.F.
Aripeka Assisted Living Facility
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 6484
 Suite, Apt. #, etc.
 3. Mailing Address P.O. Box 6484
 Suite, Apt. #, etc.

City & State Spring Hill Fl.
 City & State Spring Hill Fl.
 Zip 34611 Country Hernando Zip 34611 Country Hernando

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name Patricia C Posey
 Street Address (P.O. Box Number is Not Acceptable) 1227050waw Blvd
 City Spring Hill FL Zip Code 34607

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 _____ (NOTE: Registered Agent signature required when relistating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	<u>C.E.O</u>	TITLE	
NAME	<u>Patricia Posey</u>	NAME	
STREET ADDRESS	<u>P.O. Box 6484</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Spring Hill, Fl. 34611</u>	CITY-ST-ZIP	
TITLE	<u>Director</u>	TITLE	
NAME	<u>Patricia Posey</u>	NAME	
STREET ADDRESS	<u>P.O. Box 6484</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Spring Hill, Fl. 34611</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Posey Date Feb 15-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)