

**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.

22083

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill

City & State

Spring Hill

4. FEI Number

59-3507284

Applied For

Not Applicable

Zip

34611

Country

Hernando

Zip

34611

Country

Hernando

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patricia C Posey

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

1227050000 Blvd

City

Spring Hill

FL

Zip Code

34607

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C.E.O.
Patricia Posey
P.O. Box 6484
Spring Hill, FL 34611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Patricia Posey
P.O. Box 6484
Spring Hill, FL 34611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15-02

Date

Daytime Phone #

CR2E034B (12/01)