

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90482 028 ***167.50

DOCUMENT # **P98000077808**

1. Entity Name

AFFORDABLE ASSISTED LIVING, INC.

Principal Place of Business

Mailing Address

420 CRESCENT CIRCLE LAKE PARK, FL. 33403
7965 LEGEND CREEK COURT FRANKLIN, WI. 53132

2. Principal Place of Business

3. Mailing Address

P.O. BOX 12443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE PARK, FL. 33403

4. FEI Number

65-0862707

Applied For

Not Applicable

Zip

Country

Zip

Country

33403

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, DELORES K.
4701 N. FEDERAL HWY.
SUITE 316
LIGHTHOUSE POINT, FL. 33064 US

Name **BAUMER, JEFFREY A.**

Street Address (P.O. Box Number is Not Acceptable)
845 #2 FORESTERIA DRIVE

City **LAKE PARK**

FL

Zip Code **33403**

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 **Jeffrey A. Baumer** **JEFFREY A. BAUMER** **DIRECTOR** **OFFICER** **3/17/01**
Signature of registered agent 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, 2001 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 **D** ☒ Delete
NAME **WORKS, DAVID**
STREET ADDRESS **P.O. BOX 12443**
CITY-ST-ZIP **LAKE PARK, FL. 33403**

TITLE **D** ☐ Change ☒ Addition
NAME **BAUMER, JEFFREY A.**
STREET ADDRESS **845 #2 FORESTERIA DRIVE**
CITY-ST-ZIP **LAKE PARK, FL. 33403**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BAUMER, ANTON**
STREET ADDRESS **12 WELLMAN ST.**
CITY-ST-ZIP **LEWISTON, ME. 04240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MARIO GERARDI**
STREET ADDRESS **5355 MENDOZA ST.**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STEVE HOLDER**
STREET ADDRESS **5004 BIVENS DR.**
CITY-ST-ZIP **RALEIGH, N.C. 27616**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey A. Baumer** **JEFFREY A. BAUMER** **3/17/01** **561-842-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Affordable Assisted Living, Inc.
Jeff Baumer

Attachment
DH # P98000077808
AWY4773

P.O. Box 12443
845 # 2 Foresteria Drive
Lake Park, Florida 33403

Phone 561-848-3765
Fax 561-841-0157
Home Phone cell 561-254-2939
Email JeffBaumer@aol.com

March 17, 2001

Division of Corporations
Department of the State
Tallahassee, Florida 32302-1500

To whom it may concern ,

Please note that there is \$17.50 for two Certificates of Status. The Certificates should go to two different addresses.

First Address

Lynn Quincy
Health Services and Facilities Consultant
Assisted Living Unit
AHCA
State of Florida
2727 Mahan Drive
Mail Stop 30
Tallahassee, Florida 32308

Second Address Mailing Address on UBR
Affordable Assisted Living
P.O. Box 12443
Lake Park, Florida 33403

Requests
For 2
Certificate

Thank you.

Sincerely,



Jeff Baumer