

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 017 ***159.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT# P99000004901
 1. Entity Name ST Katherine's Retreat

Principal Place of Business Assisted Living Facility
 Mailing Address 12307 Parkwood St Hudson Fl 34669

2. Principal Place of Business 3. Mailing Address Same

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-354 7419 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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, 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 ARlene Widner
 STREET ADDRESS 12307 Parkwood St
 CITY-ST-ZIP Hudson Fla 34669

TITLE NAME Peter S Molodecki
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Vice President Peter Molodecki
 STREET ADDRESS 12307 Parkwood St
 CITY-ST-ZIP Hudson Fla 34669

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 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: Arlene Widner 4/28/2000 727-856-2677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/99)