

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028761

1. Entity Name

RIDGELY ASSISTED LIVING FACILITY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90084 038 ***150.00

Principal Place of Business

6111 20TH AVE. N.W.
 NAPLES FL 34119

Mailing Address

6111 20TH AVE. N.W.
 NAPLES FL 34119-8602

2. Principal Place of Business

2084 Monroe Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0908597

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

AMATO, LOUIS X
 350 5TH AVE. SOUTH, #200
 NAPLES FL 34102

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
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 President = P
 Morris Goldstein
 3265 68th St., SW
 Naples, Florida 34105

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 Vice President = V
 Chaja Goldstein
 3265 68th St., SW
 Naples, Florida 34105

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 Treasurer = T/D/C
 J. Kenarett-Goldstein-Corl
 6111 20th Ave., N.W.
 NAPLES, FLORIDA 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 Secretary = S
 William M. J. Corl
 6111 20th Ave., NW
 NAPLES, FLORIDA 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer, Director

J. K. Goldstein-Corl

CEO

4/22/00

Date

(941) 566-8558

Daytime Phone #