

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048427

1. Entity Name

A.R. ASSISTED LIVING, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90009 019 \*\*\*550.00

Principal Place of Business

C/O VINCENT A. ACCARDI, JR.  
 908 FLORIDA BLVD  
 ALTAMONTE SPRINGS FL 32701

Mailing Address

C/O VINCENT A. ACCARDI, JR.  
 908 FLORIDA BLVD  
 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

C/O Vincent A. Accardi, Jr.  
 Suite, Apt., etc.  
 PO Box 951857

3. Mailing Address

C/O Vincent A. Accardi, Jr.  
 Suite, Apt., etc.  
 PO Box 951857

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32795-1857

Country

USA

Zip

32795-1857

Country

USA

4. FEI Number

59-3582888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.  
 515 N FLAGLER DR, SUITE 910  
 WEST PALM BEACH FL 33401

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ACCARDI, VINCENT A JR  
 CITY-ST-ZIP 908 FLORIDA BLVD  
 ALTAMONTE SPRINGS FL 32702

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ROSE, BROOK R  
 CITY-ST-ZIP 908 FLORIDA BLVD  
 ALTAMONTE SPRINGS FL 32702

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

(403)  
 834-1650

Date

Daytime Phone #

CR2E034 (5/00)