2000	UNIFORM BUS	NESS REPO	RT	(IJBR)	- 7	9/15/00-90014-012-\$150.00-\$	150.00	Ageld	U
DOCUMENT # P99000070449 1. Entity Name						FILED			
IONIE ASSISTED LIVING, INC.						00 OCT -6 AH 11: 32			
Principal Place of Business 3447 AUSSA CT ORLANDO FL 32808		Mailing Address 3447 AUSSA CT ORLANDO FL 32808				TALLATINGUES, PLANTA			
	·				_	En the Committee of the	<u> </u>	-	
2. Principal Place of Business		3. Mailing Address			_	DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_				
City & State		City & State			4. FEI Number 59-353 92		N	pplied For ot Applicable	1
Zip	Country	Zip	Coun	try ·		Certificate of Status Desired	\$8.75 Ad Fee Require		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			en selle <u>-</u>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
	LAHASSEE FL 32301-2525	Cin		City	, FL Zip Code				
SIGNĀTURE .	named entity submits that statement to Signature. However the statement for the statement of the statement			ed office of regis		9-10-00	DD		
9. This corpo Tax filing re (See criter	After SEPTEMBER 1	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State				☐ Ådde	00 May Be d to Fees		
11.	OFFICERS AND	DIRECTORS Delete	12.	F	AD	DITIONS/CHANGES TO OFFICERS AND	D DIRECTOR Change	S IN 11	1
TITLE NAME STREET ADDRESS CITY-S1-ZIP	FISHER, IONIE 3447 ALISSA CT ORLANDO FL 32808	C beese	NAM Stre	l l					CROFINA ISINO
TITLE NAME STREET ADDRESS	VSTD FISHER, CAROL 3447 ALISSA CT	☐ Deleta		į.			☐ Change	Addition	2
TITLE	ORLANDO FL 32808	☐ Delete	TITU	E			Change	Addition	
NAME "STREET ADDRESS" CITY-ST-ZIP			STRE	ET ADDRESS - ST-ZIP					1
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	4	1	<u></u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1		78	☐ Change	☐ Addition	
13. I hereby of indicated of the correction changed,	on this report or supplemental reporting poration or the receiver or trustee empty, or on an attachment with an address.	this filing does not qualify for true and accurate and that movered to execute this report with all other like empowered. PLOVEREQUIR FIGURE NAME OF SCHING OFFICER	as requi	red by Chapter (Section 1 ne same (507, Florid	i 19.07(3)(i). Florida Statutes. I further ce egel effect as if made under oath; that i da Statutes; and that my name appears	in Block 11 c	r Block 12 if	

AHAChment DOCH! 199000070444 pain A0078389

IONIE ASSISTED LIVING INC. 3447 ALISSA COURT ORLANDO, FL 32808-3202 SEPTEMBER 8, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

RE: IONIE ASSISTED LIVING INC

DEAR DIVISION OF CORPORATION PERSONNEL:

PER OUR TELEPHONE CONVERSATION THIS DATE WITH JANE IN YOUR OFFICE, PLEASE FIND ATTACHED A COPY OF THE 2000 UNIFORM BUSINESS REPORT AND OUR CHECK IN THE AMOUNT OF \$150.00.

PLEASE BE ADVISED THAT THE ENCLOSED REPORT (2ND NOTICE) WAS THE FIRST AND ONLY COPY OF THIS DOCUMENT THAT WE HAVE RECEIVED AND THEREFORE RESPECTFULLY REQUEST THAT IT BE ACCEPTED AS FILED.

THANK YOU FOR YOUR KIND ASSISTANCE.

SINCERELY,

IONIE FISHER PRESIDENT