

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085474

1. Entity Name
CHRISTIAN MANOR OF CLEARWATER INC.

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90036 050 ***150.00

Principal Place of Business
1845 NO KEEN ROAD
CLEARWATER FL 33755

Mailing Address
1845 NO KEEN ROAD
CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **APPLIED FOR**
59-3678098

Applied For
Not Applicable

Zip Country Zip Country

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

DRYSDALE, IRACEMA V
300 RICHARDS AVE.
CLEARWATER FL 34615

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P DRYSDALE, IRACEMA 1845 N KEEN ROAD CLEARWATER FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Iracema V. Drysdale (IRACEMA V. DRYSDALE 1/5/2001 727-447-8395)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

A0082157

Dr. # p99000085474

Manuel Kitay

Income Tax - Accounting Services
2239 Townsgate Rd. 114
Westlake Village, Ca. 91361
Phone: (805) 495-2979 or (310) 962-1095

August 5, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

TO WHOM IT CONCERN

THIS IS A REQUEST TO WAIVE THE PENALTY OF \$ 400.00 FOR LATE FILING OF FORM UBR. ON JANUARY 10TH, 2001 I RECEIVED THE FORMS WITH A CHECK TO COVER THE TAXES. AT THE TIME I DID NOT HAVE THE FEDERAL EMPLOYER IDENTIFICATION NUMBER. I AM A SOLE PRACTITIONER 67 YEARS OLD. I GOT BUSSY WITH MY INCOME TAX PRACTICE. I FORGOT TO MAIL THE FORM ON TIME.

MRS. DRYSDALE MAILED THE NEW FORM TO BE FILED BEFORE 9/12/2001. I AM MAILING BOTH FORMS TO MRS. DRYSDALE TO FORWARD THE NEW CHECK TO YOUR OFFICE.

IT WAS NOT INTENTION TO DISREGARD RULES AND REGULATIONS OF THE FLORIDA DEPARTMENT OF STATE - DIVISION OF CORPORATIONS.

THIS IS A FORMAL REQUEST TO WAIVE THE PENALTY OF \$ 400.00

YOUR cooperation in this matter is appreciated.

SINCERELY YOURS



MANUEL KITAY (Accountant)

Copy

Christian Manor of Clearwater Inc.
300 Richards Ave
Clearwater, Fl. 34615.