

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000094436**1. Entity Name  
**SAFE HARBOUR FLORIDA HEALTH CARE PROPERTIES, INC.**Principal Place of Business  
MEADOWVIEW LIFE CENTER  
1350 SLEEPY HILL ROAD  
LAKELAND FL 33810Mailing Address  
MEADOWVIEW LIFE CENTER  
1350 SLEEPY HILL ROAD  
LAKELAND FL 33810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3605892**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CASE JOHN  
1350 SLEEPY HILL ROAD

LAKELAND FL 33810 US

## 7. Name and Address of New Registered Agent

Name  
LARDER DONALD GStreet Address (P.O. Box Number is Not Acceptable)  
1350 SLEEPY HILL ROAD

City LAKELAND FL Zip Code 33810

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 **DONALD G. LARDER****04/25/2001**

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 S ☒ Delete  
NAME GERHARD DENISE  
STREET ADDRESS 100 S ELMWOOD AVE  
CITY-ST-ZIP BUFFALO NY 14202TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Delete  
NAME SCHECTMAN HAROLD  
STREET ADDRESS 135 DELAWARE AVE  
CITY-ST-ZIP BUFFALO NY 14202TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☒ Delete  
NAME RYDING JAMES A  
STREET ADDRESS 3255 LOCKPORT RD  
CITY-ST-ZIP NIAGARA FALLS NY 14305TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE EV ☐ Delete  
NAME CASE JOHN  
STREET ADDRESS 1350 SLEEPY HILL RD  
CITY-ST-ZIP LAKELAND FL 33810TITLE S ☒ Change ☐ Addition  
NAME MIKULA DONNA M  
STREET ADDRESS 1350 SLEEPY HILL ROAD  
CITY-ST-ZIP LAKELAND FL 33810TITLE CEO ☐ Delete  
NAME KNOLL DAVID R  
STREET ADDRESS 100 S ELMWOOD AVE  
CITY-ST-ZIP BUFFALO NY 14202TITLE PD ☒ Change ☐ Addition  
NAME LARDER DONALD G  
STREET ADDRESS 1350 SLEEPY HILL ROAD  
CITY-ST-ZIP LAKELAND FL 33810TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **DONALD G. LARDER**

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)