

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
 08-31-2001 90114 017 ***550.00

04/349 AV

DOCUMENT # P99000102280

1. Entity Name
BAYWOOD NURSING CENTER, INC.

Principal Place of Business
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

Mailing Address
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

2. Principal Place of Business
2000 17th Avenue South

3. Mailing Address
16 Norcross St.
STE 50B

City & State
St Petersburg, FL

City & State
Roswell, GA

Zip
33712

Country
USA

Zip
30075

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3611222**

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

6. Name and Address of Current Registered Agent
BLUMBERG EXCELSIOR CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name
St Petersburg

Street Address (P.O. Box Number is Not Acceptable)
16 Norcross St.

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 12, 2001 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGAN, ROBERT W 16 NORCROSS STREET, STE. 50B ROSWELL GA 30075 <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	SD HAGAN, KAREN 16 NORCROSS STREET, STE. 50B ROSWELL GA 30075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robert W Hagan**

DATE: **8/20/01**

DAYTIME PHONE #: **770-9934000**

CR2E034 (5/01)