

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108275

1. Entry Name

WOODLANDS CARE CENTER OF ALACHUA COUNTY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90150 041 ***158.75

Principal Place of Business

120 CHIPOLA AVE
DELAND FL 32720

Mailing Address

120 CHIPOLA AVE
DELAND FL 32720

2. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

State, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3613649**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, SIDNEY W
120 CHIPOLA AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

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

City

State

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 the filer (date)

(NOTE: Registered Agent's signature required when changing)

(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

TITLE	P	☐ Delete
NAME	ESFORMES, MORRIS	
STREET ADDRESS	3737 W ARTHUR AVE	
CITY-STATE-ZIP	LINCOLNWOOD IL 60645	
TITLE	ST	☐ Delete
NAME	ROBERTS, SIDNEY	
STREET ADDRESS	120 CHIPOLA AVE	
CITY-STATE-ZIP	DELAND FL 32720	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☒ Addition
NAME	Esformes, Morris	
STREET ADDRESS	3737 W. ARTHUR AVE	
CITY-STATE-ZIP	LINCOLNWOOD, IL 60645	
TITLE	VP	☐ Change ☒ Addition
NAME	Roberts, Sidney	
STREET ADDRESS	120 CHIPOLA AVE	
CITY-STATE-ZIP	DELAND, FL 32720	
TITLE	S/T	☐ Change ☒ Addition
NAME	ALDO Aloisio, Audrey	
STREET ADDRESS	200 ALPINE COURT	
CITY-STATE-ZIP	PAIM HARBOR, FL 34683	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, without or like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/23/01

904-738-3433

Date

CR2E034 (10.00)