

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109571

1. Entity Name

NATIONAL HEALTH INVESTORS/FLORIDA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90009 014 ***150.00

Principal Place of Business

201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602

Mailing Address

201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

P.O. Box 1398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Murfreesboro, TN

4. FEI Number

59-3616504

Applied For

Not Applicable

Zip

Country

Zip

37133

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

RAINS, JOHN H III
201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602

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, 2000 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President	W. Andrew Adams	100 Vine Street Murfreesboro, TN 37130
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP - Secretary	Richard F. LaRoche, Jr.	100 Vine Street Murfreesboro, TN 37130
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Treasurer	Tom Bell	100 Vine Street Murfreesboro, TN 37130
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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: W. Andrew Adams W. Andrew Adams, Pres. 4/11/00 615-890-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)