



Companies House

CS01 (ef)

Confirmation Statement

Company Name: **FOUR SEASONS HEALTH CARE PROPERTIES (CARE HOMES) LIMITED**

Company Number: **03934732**



Received for filing in Electronic Format on the: **27/02/2024**

XCXROS0J

Company Name: **FOUR SEASONS HEALTH CARE PROPERTIES (CARE HOMES)
LIMITED**

Company Number: **03934732**

Confirmation **27/02/2024**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	3922000
Currency:	GBP	Aggregate nominal value:	3922000

Prescribed particulars

THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	3922000
		Total aggregate nominal value:	3922000
		Total aggregate amount	0
		unpaid:	

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **3922000 ORDINARY shares held as at the date of this confirmation statement**

Name: **FOUR SEASONS HEALTH CARE PROPERTIES LIMITED**

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,
Judicial Factor