

<sup>3</sup>  
**2002 UNIFORM BUSINESS REPORT (UBR)**

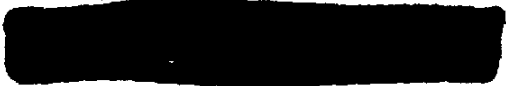
**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90046 031 \*\*\*150.00

**DOCUMENT # 170911**

1. Entity Name  
**HOOSIER MANOR INC**

Principal Place of Business <b>1405 14TH STREET WEST BRADENTON FL 34205</b>		Mailing Address <del>1405 14TH STREET WEST BRADENTON FL 34205</del> <b>1241 E. NORTHSORE DR, SYRACUSE, IN 46567</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-0681521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CHULOCK, LARRY R ESQ. HARRISON, HENDRICKSON, DOUGLASS &amp; KIRKLAND, PA 1206 MANATEE AVENUE WEST BRADENTON FL 34205</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_ (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!!! FEES \$150.00**  
 After May 4, 2002, 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, RICHARD D</b>	NAME	
STREET ADDRESS	<b>1241 E.N. SHORE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE IN 46567</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, ROBERT E</b>	NAME	
STREET ADDRESS	<b>1351 SOMERSET COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GOSHEN IN 46527</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, AGNES L</b>	NAME	
STREET ADDRESS	<b>1300 GREENCROFT DRIVE #112</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GOSHEN IN 46528</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, CAROLYN L</b>	NAME	
STREET ADDRESS	<b>1241 E.N. SHORE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE IN 46567</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn L. Crife, CAROLYN L. CRIFE 4/29/03 574-457-3278*