

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 702277**

1. Entity Name

**THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, IN****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90086 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**600 SOUTH FLORIDA AVENUE  
DELAND FL 32720****600 SOUTH FLORIDA AVENUE  
DELAND FLA 32720-5832**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-0817603**

Applied For

Not Applied

Zip

Country

Zip

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

**SWARTZ, JOSEPH J  
600 S. FLORIDA AVE.  
DELAND FL 32720**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**CD  
FEATHER, MERLIN C  
4746 TRUSCOTT RD.  
CHARLOTTE NC**☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**VD  
OYS, PETER  
15000 SHELL POINT BLVD  
FT MYERS FL 33908**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TD  
ARNOLD, RICHARD L  
15475 GLENEAGLE DRIVE  
COLORADO SPRINGS CO 80921**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
O'FARRELL, MARK  
4110 SOUTH GOLDENROD ROAD  
ORLANDO FL 32872**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**SD  
MINTER, STEVEN L  
249 S NEWTOWN ROAD  
NORFOLK VA 23502**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
CATHEY, GORDON DR  
1121 WINDMILL LANE  
SILVER SPRINGS MD 20905**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
DUSS, DONNA J.  
501 Slaters Lane, Unit 514  
Alexandria, VA 22314**☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Change☐ Change☐ Change☐ Change

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/00**