2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 705727** Sep 13, 2000 08:00 AM 1. Entity Name **Secretary of State** FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC. Principal Place of Business Mailing Address 1812 RIGGINS RD. 1812 RIGGINS RD. TALLAHASSEE FL FL TALLAHASSEE 32308 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7335883 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EARLY, JR. 112 N. FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) DELAND FL32720 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. 09/13/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing . . Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate PD TITLE ☐ Addition NAME WHITLEY WILLIAM R NAME WHITLEY WILLIAM R STREET ADDRESS 1400 LE BARRON ST STPEET ADDRESS 1400 LE BARRON ST CITY-ST-ZIP JAX FL32207 CITY-ST-ZIP JAX FL32207 TITLE ☐ Delete VD D | Change ☐ Addition NAME NORTON NAME NORTON JACK JACK M M STREET ADDRESS 700 MEASE PLAZA STREET ADDRESS 700 MEASE PLAZA CITY-ST-ZIP DUNEDIN 34698 CITY-ST-ZIP DUNEDIN 34698 TITLE ☐ Delete TITLE SD X Change Addition NAME NAME BOORD SCOTT BOORD SCOTT STREET ADDRESS 4847 FRED GLADSTONE DR. 4847 FRED GLADSTONE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL. 33417 WEST PALM BEACH \mathbf{FL} 33417 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME HARRISON, MARY IRWIN DANIEL STREET ADDRESS 413 NE 3RD ST. STREET ADDRESS 6901 SW 18TH ST, SHITE 301 CITY-ST-ZIP DELRAY BEACH BOCA RATON 33483 CITY-ST-ZIP 33433 TITLE ☐ Delete TITLE \mathbf{C} X Change ☐ Addition NAME JOHNSON RAY NAR/F JOHNSON RAY STREET ADDRESS 1000 VICARS LANDING WAY STREET ADDRESS 1000 VICARS LANDING WAY CITY-ST-ZIP PONTE VEDRA BCH PONTE VEDRA BCH 32082 CITY-ST-ZIP FT. 32082 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME WISE BARBARA STADLER STREET ADDRESS 2855 GULF TO BAY BLVD STREET ADDRESS 830 N. SHORE DR. NE

CITY-ST-ZIP

ST. PETERSBURG

33701

34619

CITY-ST-ZIP

CLEARWATER

^{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 if changed, or on an attachment with an address, with all other like empowered.