

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 038 ****61.25

DOCUMENT # N06529

1. Entity Name

THE RETIREMENT HOUSING COUNCIL, INC.

Principal Place of Business

3605 DONEGAL DRIVE
 STE 100
 TALLAHASSEE FL 32309

Mailing Address

P.O. BOX 12434
 P O BOX 12934
 TALLAHASSEE FL 32317
 US

977008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2522623

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANLEY, WILLIAM R.
 2846 B REMINGTON GREEN
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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 Delete
 NAME JOHNSON, R. KELLEY
 STREET ADDRESS 18617 US HWY 19 N, #300
 CITY-ST-ZIP CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME NEASE, MARIAN P
 STREET ADDRESS 5355 TOWN CENTER ROAD, STE 801
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SHUCK, RONALD R
 STREET ADDRESS 18167 US HWY 19 N, STE 650
 CITY-ST-ZIP CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME WAGNER, DENNIS L
 STREET ADDRESS 9250 ALTERNATE A1A
 CITY-ST-ZIP N PALM BEACH FL 33403

TITLE Change Addition
 NAME HAROLD WEYAND
 STREET ADDRESS 1131 N. WEST SHORE BLVD STE 312
 CITY-ST-ZIP TAMPA, FL 33607

TITLE Delete
 NAME SMITH, CRAIG
 STREET ADDRESS 1343 MAIN ST.
 CITY-ST-ZIP SARASOTA FL

TITLE Change Addition
 NAME STEPHEN GRAYSON
 STREET ADDRESS P.O. BOX 7708
 CITY-ST-ZIP CLEARWATER, FL 33758-7708

TITLE Delete
 NAME HOST, BRUCE J
 STREET ADDRESS 3611 DONEGAL DRIVE
 CITY-ST-ZIP TALLAHASSEE FL

TITLE Change Addition
 NAME HOST, BRUCE J.
 STREET ADDRESS 3605 DONEGAL DRIVE
 CITY-ST-ZIP TALLAHASSEE, FL 32309-3220

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 of 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.

SIGNATURE: *[Signature]* **NOTARIZATION REQUIRED**

8/27/2002 850-893-4050

CR2E037 (4/02)