

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004160

1. Entity Name

AGE INSTITUTE OF FLORIDA, INC.

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90044 029 ****61.25

Principal Place of Business

C/O AGE INSTITUTE, PROF. ARTS BLDG.
25 PENNCRAFT AVENUE
CHAMBERSBURG PA 17201

Mailing Address

C/O AGE INSTITUTE, PROF. ARTS BLDG.
25 PENNCRAFT AVENUE
CHAMBERSBURG PA 17201

2. Principal Place of Business

3. Mailing Address

111 W. MICHIGAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MILWAUKEE, WI

4. FEI Number

23-2856813

Applied For

Not Applicable

Zip

Country

Zip

Country

53203

USA

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

NEAGLE, JONATHAN A. %PARTNERS HEALTH GROUP
14255 49TH ST., NORTH, BLDG.3, STE. 301
CLEARWATER FL 33762

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
After September 12, 2001, 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 CP
NAME TSCHOP, CAROL A.
STREET ADDRESS 141 HARVEST LANE
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☐ Delete

TITLE ELIZABETH WARSHAWER
NAME 2114 DELANCEY PLACE
STREET ADDRESS PHILADELPHIA, PA 19103 ☐ Change ☒ Addition

TITLE S
NAME HORNBAKER, LORI J
STREET ADDRESS 328 WAYNE AVE
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME FRANCHI, EDUARDO E.
STREET ADDRESS 293 WESTOVER WAY
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☐ Delete

TITLE V T
NAME FRANCHI, EDUARDO E.
STREET ADDRESS 293 WESTOVER WAY
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☒ Change ☐ Addition

TITLE D
NAME CORMAN, JOHN P
STREET ADDRESS 41 PARKRIDGE DRIVE
CITY-ST-ZIP BRYN MAWR PA 19010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JABRO, ANN D
STREET ADDRESS 70 BELLVIEW DRIVE
CITY-ST-ZIP MCKEES ROCKS PA 15136 ☐ Delete

TITLE D
NAME JABRO, ANN D
STREET ADDRESS 109 COLONIAL DRIVE
CITY-ST-ZIP SEWICKLEY PA 15143 ☒ Change ☐ Addition

TITLE D
NAME GARCIA-MANGIAPANE, SYLVIA M
STREET ADDRESS 10029 NORTH 53RD ST
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)