

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90286 029 ****70.00

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DOCUMENT # N97000001300

1. Entity Name

WESTMINSTER RETIREMENT COMMUNITIES, INC.

Principal Place of Business

80 W LUCERNE CIR
 ORLANDO FL 32801
 US

Mailing Address

80 W LUCERNE CIR
 ORLANDO FL 32801
 US

800222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

KEITH, HENRY T
80 W LUCERNE CIR
ORLANDO FL 32801

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	T	<input type="checkbox"/> Delete
NAME	KEITH, HENRY T	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BRYAN, J SHEPARD	
STREET ADDRESS	80 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD-	<input type="checkbox"/> Delete
NAME	GAY, WILLIAM W	
STREET ADDRESS	80 WEST LUCERNE CIRLCE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOGNER, JAMES B	
STREET ADDRESS	80 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMERSON, JAMES F	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SMAAGE, DONNA M	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sturm, Richard V.	
STREET ADDRESS	80 West Lucerne Circle	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donna M. Smaage
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

407-839-5050
 Daytime Phone #

CR2E037 (10/00)