

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90672 001 ***122.50

DOCUMENT # 705727

1. Entity Name

FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC.

Principal Place of Business

Mailing Address

**1812 RIGGINS RD.
TALLAHASSEE FL 32308**

**1812 RIGGINS RD.
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7335883

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

**TORGESSEN, KAREN
1812 RIGGINS ROAD
TALLAHASSEE FL 32308**

Name

Janegale Boyd

Street Address (P.O. Box Number is Not Acceptable)

1812 Riggins Road

City

Tallahassee

FL

Zip Code

32308

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

Janegale M. Boyd
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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 **S** ☐ Delete
NAME **STADLER, JUDITH D**
STREET ADDRESS **830 N. SHORE DR. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME **Director - D**
STREET ADDRESS **Stadler, Judith D.**
CITY-ST-ZIP **830 N. Shore Dr NE.
St. Petersburg, FL 33701**

TITLE **C** ☐ Delete
NAME **JOHNSON, RAY**
STREET ADDRESS **1000 VICARS LANDING WAY**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE ☐ Change ☐ Addition
NAME **Director - D**
STREET ADDRESS **Johnson, Ray**
CITY-ST-ZIP **1000 Vicars Landing Way
Ponte Vedra Beach, FL 32082**

TITLE **T** ☐ Delete
NAME **IRWIN, DANIEL H**
STREET ADDRESS **6901 SW 18TH ST. SUITE 301**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **V** ☐ Delete
NAME **BOORD, SCOTT**
STREET ADDRESS **4847 FRED GLADSTONE DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE **D** ☐ Delete
NAME **NORTON, JACK M**
STREET ADDRESS **700 MEASE PLAZA**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **D** ☒ Delete
NAME **WHITLEY, WILLIAM R**
STREET ADDRESS **1400 LE BARRON ST**
CITY-ST-ZIP **JAX FL 32207**

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS ☐ Change ☒ Addition
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:

Jack M. Norton
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)