

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708863

1. Entity Name

PENNEY RETIREMENT COMMUNITY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90076 033 \*\*\*\*61.25

Principal Place of Business

3495 HOFFMAN STREET  
PENNEY FARMS FL 32079-0555

Mailing Address

P.O. BOX 555  
PENNEY FARMS FL 32079-0555

80001118



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 **59-0624420**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

WHITE, DR C NOEL  
3495 HOFFMAN STREET  
PENNY FARMS FL 32079

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDRIDGE, DOROTHY</b>	
STREET ADDRESS	<b>2764 W. HOLLY PT. RD.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMOCK, MICHAEL T</b>	
STREET ADDRESS	<b>7800 BELFORD PKWY STE 165</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PROCTOR, WILLIAM</b>	
STREET ADDRESS	<b>FLAGLER COLLEGE BOX 1027 N/A</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32085</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDREASEN, ALLAN B</b>	
STREET ADDRESS	<b>P O BOX 270693</b>	
CITY-ST-ZIP	<b>TAMPA FL 33688</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AUSTIN, PAUL D</b>	
STREET ADDRESS	<b>4495 STUDIO RD</b>	
CITY-ST-ZIP	<b>PENNEY FARMS FL 32079</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GALBREATH, C THOMAS</b>	
STREET ADDRESS	<b>BOX 7486</b>	
CITY-ST-ZIP	<b>HILTON HEAD SC 29938</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jean S. Farley*  
Jean S. Farley  
Asst. Treasurer

1-5-00

904-284-8200

Date Daytime Phone #