

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90112 023 \*\*\*\*70.00

**DOCUMENT # 731397**

1. Entity Name

**PRESBYTERIAN RETIREMENT COMMUNITIES FOUNDATION,**

Principal Place of Business

Mailing Address

**80 WEST LUCERNE CIRCLE  
 ORLANDO FL 32801-3779**

**80 WEST LUCERNE CIRCLE  
 ORLANDO FL 32801-3779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7414048**

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

Name

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

City

**FL**

Zip Code

**KEITH, HENRY T.  
 80 W LUCERNE CIR  
 ORLANDO FL 32801**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYAN, J SHEPARD</b> <b>80 WEST LUCERNE CIRCLE</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>EMERSON, JAMES F</b> <b>80 W LUCERNE CIR</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KEITH, HENRY T.</b> <b>80 W LUCERNE CIR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BOGNER, JAMES B</b> <b>80 LUCERNE CIRCLE</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GAY, WILLIAM W.</b> <b>80 WEST LUCERNE CIRLCE</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SMAAGE, DONNA M.</b> <b>80 W LUCERNE CIR</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/2000**

Date

**407-839-5050**

Daytime Phone #

CR2E037 (9/99)

**PRESBYTERIAN RETIREMENT COMMUNITIES FOUNDATION  
BOARD OF DIRECTORS AND OFFICERS  
2000**

*Attach*

Mailing Address: 80 West Lucerne Circle  
Orlando, Florida 32801

C0066380  
#731397

**OFFICERS**

President  
Executive Vice President/CEO  
Treasurer  
Secretary  
Assistant Secretary

William W. Gay  
James F. Emerson  
Henry T. Keith  
James B. Bogner  
Donna M. Smaage

**DIRECTORS and OFFICERS**

John W. Barr  
William W. Gay  
John Milton V  
Richard V. Sturm

James B. Bogner  
Mildred G. McGlamery  
Eugenia R. Shannon  
James E. White

J. Shepard Bryan, Jr.  
William E. Middlebrooks, Jr.  
G. Ballard Simmons

**MANAGEMENT SERVICES STAFF SERVING AS OFFICERS**

James F. Emerson  
Henry T. Keith  
Donna M. Smaage