

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90070 036 ****70.00

DOCUMENT # 731397

1. Entity Name

**WESTMINSTER RETIREMENT COMMUNITIES FOUNDATION, I
NC.**



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **23-7414048**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, J SHEPARD	
STREET ADDRESS	80 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMERSON, JAMES F	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEITH, HENRY T.	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STURM, RICHARD V	
STREET ADDRESS	80 WEST LUCERNE CIRCE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, V. JOHN	
STREET ADDRESS	80 WEST LUCERNE CIRLCE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SMAAGE, DONNA M.	
STREET ADDRESS	80 W LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" 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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bogner, James B.	
STREET ADDRESS	80 West Lucerne Circle	
CITY-ST-ZIP	Orlando, FL 32801	

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:

James F. Emerson
James F. Emerson

3-10-03

407-839-5050

CR2E037 (10/02)