

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768879

1. Entity Name

NATIONAL CHURCH RESIDENCES OF EASTERN, FLORIDA,

Principal Place of Business

3150 SPINKS RD
SEBRING FL 33870
US

Mailing Address

2335 N BANK DR
COLUMBUS OH 43220
US

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

31-1070769

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 P ☐ Delete
NAME SLEMMER, THOMAS W.
STREET ADDRESS 2335 N BANK DRIVE
CITY-ST-ZIP COLUMBUS OH

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

TITLE T ☐ Delete
NAME KERBER, STEVEN
STREET ADDRESS 2335 NORTH BANK DRIVE
CITY-ST-ZIP COLUMBUS OH 43220

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

TITLE D ☐ Delete
NAME JONES, JOHN L
STREET ADDRESS 2335 N BANK DRIVE
CITY-ST-ZIP COLUMBUS OH

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

TITLE VP ☐ Delete
NAME NORRIS, MICHELLE H
STREET ADDRESS 2335 N BANK DRI
CITY-ST-ZIP COLUMBUS OH

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

TITLE ST ☐ Delete
NAME KASBERG, JOSEPH R.
STREET ADDRESS 2335 N BANK DRIVE
CITY-ST-ZIP COLUMBUS OH

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

TITLE D ☐ Delete
NAME GIBEAUT, WILLIAM
STREET ADDRESS 2335 NORTH BANK DRIVE
CITY-ST-ZIP COLUMBUS OH

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. KASBERG

02/06/01

Date

(614) 451-2151

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90001 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)