

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90331 005 \*\*\*\*61.25

0001939

**DOCUMENT # 768880**

1. Entity Name  
**NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLO**

Principal Place of Business      Mailing Address  
**2335 NORTH BANK DRIVEE      2335 NORTH BANK DRIVEE**  
**COLUMBUS OH 43220              COLUMBUS OH 43220**

00030532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **31-1070765**      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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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>BELLMAN, LARRY</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, JOHN L.</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIBEAUT, WILLIAM</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NORRIS, MICHELLE H</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH 43220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERBER, STEVEN</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>KASBERG, JOSEPH R.</b> <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS OH</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **JOSEPH R. KASBERG**      02/06/01      (614) 451-2151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)