

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840313

1. Entity Name

ACTS RETIREMENT-LIFE COMMUNITIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90051 001 ***210.00

Principal Place of Business

Mailing Address

375 MORRIS ROAD, PO BOX 90
WEST POINT PA 19486

375 MORRIS ROAD, PO BOX 90
WEST POINT PA 19486-0090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1900132

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

IRWIN, DANIEL H
ACTS, INC.
6901 SW 18TH STREET, SUITE 301
BOCA RATON FL 33433

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 CD ☐ Delete
NAME HEAPS, MARVIN D
STREET ADDRESS 301 ELM AVENUE
CITY-ST-ZIP SWARTHMORE PA 19081

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

TITLE DPCO ☐ Delete
NAME MASHNER, MARVIN
STREET ADDRESS 375 MORRIS ROAD
CITY-ST-ZIP WEST POINT PA

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

TITLE VCDC ☐ Delete
NAME GUNN, GEORGE R JR
STREET ADDRESS 375 MORRIS RD
CITY-ST-ZIP WEST POINT PA

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

TITLE DT ☐ Delete
NAME DAVIS, DONALD
STREET ADDRESS 375 MORRIS ROAD
CITY-ST-ZIP WEST POINT, PA 19486

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

TITLE DS ☐ Delete
NAME STAMBAUGH, STEWART
STREET ADDRESS 375 MORRIS ROAD
CITY-ST-ZIP WEST POINT, PA 19486

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/16/00

Date

215-661-8330

Daytime Phone #

CR2E037 (9/99)