

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 840313**

1. Entity Name

**ACTS RETIREMENT-LIFE COMMUNITIES, INC.****FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90341 048 \*\*\*\*70.00

Principal Place of Business

**375 MORRIS ROAD, PO BOX 90  
WEST POINT PA 19486**

Mailing Address

**375 MORRIS ROAD, PO BOX 90  
WEST POINT PA 19486**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-1900132**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

**SUP SO. DIV. (DANIEL H. IRWIN)**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/28/01****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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>CD</b>			
	<b>HEAPS, MARVIN D</b>	<b>301 ELM AVENUE</b>	<b>SWARTHMORE PA 19081</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DPCO</b>			
	<b>MASHNER, MARVIN</b>	<b>375 MORRIS ROAD</b>	<b>WEST POINT PA</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>VCDC</b>			
	<b>GUNN, GEORGE R JR</b>	<b>375 MORRIS RD</b>	<b>WEST POINT PA</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DT</b>			
	<b>DAVIS, DONALD</b>	<b>375 MORRIS ROAD</b>	<b>WEST POINT PA 19486</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DS</b>			
	<b>STAMBAUGH, STEWART</b>	<b>375 MORRIS ROAD</b>	<b>WEST POINT PA 19486</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

**1/31/01**

Date

**215-661-8330**

Daytime Phone #

CR2E037 (10/00)