

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006865

1. Entity Name

SENIOR HEALTH PROPERTIES - SOUTH, INC.

Principal Place of Business

25 PENNCRAFT AVENUE  
CHAMBERSBURG PA 17201

Mailing Address

25 PENNCRAFT AVENUE  
CHAMBERSBURG PA 17201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

111 W. MICHIGAN ST

Suite, Apt. #, etc.

40 TAX DEPT

City & State

MILWAUKEE, WI

Zip

53203

Country

USA

*[Handwritten Signature]*

FILED

01 SEP 20 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1571683

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

WYATT, HART

14255 49TH ST. N.

BLDG. #3, STE. 301

CLEARWATER FL 33762-2813

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD TSCHOP, CAROL A ☐ Delete  
STREET ADDRESS 25 PENNCRAFT AVENUE  
CITY-ST-ZIP CHAMBERSBURG PA 17201

TITLE NAME ST FRANCHI, EDUARDO E ☐ Delete  
STREET ADDRESS 25 PENNCRAFT AVENUE  
CITY-ST-ZIP CHAMBERSBURG PA 17201

TITLE NAME D CLARK, SCOTT W ☐ Delete  
STREET ADDRESS 13714 VIA ROMA CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE NAME D RICHMOND, BERNARD M DR. ☐ Delete  
STREET ADDRESS 5261 INDIANWOOD VILLAGE LANE  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

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

TITLE NAME 300004597569 ☐ Addition  
STREET ADDRESS -09/18/01--01009--036  
CITY-ST-ZIP \*\*\*\*850.00 \*\*\*\*550.00

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

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

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

13. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01 (717) 263-3249

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CR2E034 (5/01)