

# 2002 UNIFORM BUSINESS REPORT (UBR)

0507548 AT

DOCUMENT # F00000006865

1. Entity Name  
SENIOR HEALTH PROPERTIES - SOUTH, INC.

FILED

02 APR 29 AM 9:11

Principal Place of Business

25 PENNCRAFT AVENUE  
CHAMBERSBURG PA 17201

Mailing Address

111 W. MICHIGAN STREET  
C/O TAX DEPT.  
MILWAUKEE WI 53203

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

785 Fifth Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 901 - South

City & State  
Chambersburg, PA

City & State

4. FEI Number  
31-1571683

Applied For  
Not Applicable

Zip

17201

Country

USA

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

WYATT, ~~HAFF~~ BART WYATT  
~~14355 10TH ST. N.~~ 100 2nd Ave South  
~~BLDG. #3, STE. 301~~ Suite 901 South  
~~CLEARWATER FL 00702-2010~~ St. Petersburg, FL 33701

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's 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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 PD  
NAME TSCHOP, CAROL A  
STREET ADDRESS 25 PENNCRAFT AVENUE  
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☐ Delete

TITLE PD  
NAME Carol A. Tschop  
STREET ADDRESS 785 Fifth Avenue Third Floor, Ste. 5  
CITY-ST-ZIP Chambersburg, PA 17201 ☒ Change ☐ Addition

TITLE ST  
NAME ~~FRANCO, EDUARDO E~~ Tschop, Carol  
STREET ADDRESS 25 PENNCRAFT AVENUE  
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☒ Delete

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

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

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

TITLE D  
NAME ~~RICHMOND, BERNARD M DR.~~ Hall, Bruce  
STREET ADDRESS 5201 INDIANWOOD VILLAGE LANE  
CITY-ST-ZIP LAKE WORTH FL 33148 ☐ Delete

TITLE D  
NAME Bruce Hall  
STREET ADDRESS 655 S Gulph Road  
CITY-ST-ZIP King of Prussia, PA 19406-3704 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Tschop

4/26/02 (717) 263-7766

Date

Daytime Phone #

CR2E034 (9/01)