

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90055 050 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>F01000005455</b>
1. Entity Name <b>ELMCROFT GP, INC.</b>	



Principal Place of Business <b>4801 OLYMPIC PARK PLAZA SUITE 1400 LOUISVILLE KY 40241</b>	Mailing Address <b>4801 OLYMPIC PARK PLAZA SUITE 1400 LOUISVILLE KY 40241</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>52-2346523</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SCHOEPP, ANDY L 830 GULF SHORE DRIVE, #5095 DESTIN FL 32541</b>		7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT SMITH, GARY A SR. 6720 ELMCROFT CIRCLE LOUISVILLE KY 40241</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	<b>SCD SCHOEPP, ANDY L 1140 OLD PEACHTREE ROAD, SUITE E DULUTH GA 30097</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"/> 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"/> Delete	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"/> Delete	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 607, 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: **GARY A SMITH** **5-7-03** **502 4250544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment



90133852  
FOI000005455

May 7, 2003

Florida Department of State

Re: 2003 Annual Reports

Enclosed, please find the following annual reports:

- Elmcroft Assisted Living, LLC Annual Report
- Elmcroft GP, Inc Annual Report
- Elmcroft of Jacksonville, LP Annual Report

All related payments for fees are attached to each report. I realize that the original due date of the reports was May 1, 2003. As I regret missing the May 1 deadline, I respectfully request that any late fees related to these filings be waived. In 2002, we promptly paid our late fees as we did not file these reports until October of 2002. As we work to understand and meet all of our filing deadlines, I ensure that any future correspondence will not be submitted in this tardy fashion. Your understanding and patience in this matter is greatly appreciated.

If you should have any questions regarding these reports, please contact me at (502) 425-0544, Ext 203.

Regards,

D. Aaron Dean  
Controller, Elmcroft Assisted Living

*Assisted Living  
and Alzheimer's Care*