

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008331

FILED  
Apr 04, 2002 8:00 AM  
Secretary of State

Entity Name: ELDERLY HOUSING MANAGEMENT CORPORATION

**Current Principal Place of Business:**

115 THIRD STREET SOUTH  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

115 THIRD STREET SOUTH  
JACKSONVILLE, FL 32250

**New Mailing Address:**

FEI Number: 59-3758096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, SUSAN C ESQ  
1301 RIVERPLACE BLVD SUITE 1500  
JACISONVILLE, FL 32207

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HENDRICKS, WARREN M  
Address: 13531 LAS BRISAS WAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: BENSON, MARVIN T  
Address: 2335 L'ATRIUM CIRCLE N  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: HARRISON, PAUL M.D.  
Address: 1615 SEABREEZE AVENUE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN M. HENDRICKS

DIR

04/04/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date