

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005506

1. Entity Name

NATIONAL CHURCH RESIDENCES OF PALMETTO, FL, INC.

Principal Place of Business

2335 N BANK DR
COLUMBUS OH 43220

Mailing Address

2335 N BANK DR
COLUMBUS OH 43220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1390353

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLMAN, LARRY 2335 N BANK DR COLUMBUS OH 43220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERBER, STEVEN 2335 N BANK DR COLUMBUS OH 43220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBEAUT, WILLIAM 235 N BANK DR COLUMBUS OH 43220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOHN L 2335 N BANKS DR COLUMBUS OH 43220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBER, STEVEN 2335 N BANKS DR COLUMBUS OH 43220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS MICHELLE H 2335 NORTH BANK DR COLUMBUS OH	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 OF JOSEPH R. KASBERG JOSEPH R. KASBERG 02/06/01 (614) 451-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90331 006 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)