

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # N96000005375

1. Entity Name

FLORIDA ASSOCIATION OF HOMES FOR THE AGING HEALTH AND SERVICES CORP.

Principal Place of Business

1812 RIGGINS ROAD

TALLAHASSEE
32308

FL

Mailing Address

1812 RIGGINS ROAD

TALLAHASSEE
32308

FL

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

59-3422660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORGESEN KAREN R
1812 RIGGINS ROAD

TALLAHASSEE
32308

FL

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.)

09/13/2000

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 D ☐ Delete
NAME WISE BARBARA A
STREET ADDRESS 2855 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL

TITLE S ☒ Change ☐ Addition
NAME LYNN RICHARD
STREET ADDRESS 740 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ Delete
NAME WHITLEY WILLIAM R.
STREET ADDRESS 1400 LEBARRON ST
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T ☒ Change ☐ Addition
NAME BOORD SCOTT
STREET ADDRESS 4847 FRED GLADSTONE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE SD ☐ Delete
NAME SEIDEN MARSHALL
STREET ADDRESS K255 59TH STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☒ Change ☐ Addition
NAME GRANT JERRY
STREET ADDRESS P. O. BOX 90
CITY-ST-ZIP WEST POINT PA 19486

TITLE TD ☐ Delete
NAME HARRISON MARY
STREET ADDRESS 413 N. E. 3RD ST.
CITY-ST-ZIP DELRAY BEACH FL

TITLE C ☒ Change ☐ Addition
NAME HARRISON MARY
STREET ADDRESS 413 N. E. 3RD ST.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VD ☐ Delete
NAME JOHNSON RAYMOND M
STREET ADDRESS 1000 VICAR
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D ☒ Change ☐ Addition
NAME JOHNSON RAYMOND M
STREET ADDRESS 1000 VICAR'S LANDING
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE CD ☐ Delete
NAME GACKENHEIMER DREW E.
STREET ADDRESS 4847 FRED GLADSTONE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ Change ☐ Addition
NAME GACKENHEIMER DREW E.
STREET ADDRESS 4847 FRED GLADSTONE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33417

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.