

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 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 FL 32308

Mailing Address
1812 RIGGINS ROAD
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

TORGESSEN KAREN R
1812 RIGGINS ROAD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 _____ DATE 04/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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

TITLE	S	<input type="checkbox"/> Delete
NAME	LYNN RICHARD	
STREET ADDRESS	740 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOORD SCOTT	
STREET ADDRESS	4847 FRED GLADSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT JERRY	
STREET ADDRESS	P. O. BOX 90	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARRISON MARY	
STREET ADDRESS	413 N. E. 3RD ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON RAYMOND M	
STREET ADDRESS	1000 VICAR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	GACKENHEIMER DREW E.	
STREET ADDRESS	4847 FRED GLADSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: RAY JOHNSON D 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (11/00)