

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90672 001 \*\*\*122.50

**DOCUMENT # N96000005375**

1. Entity Name

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

Principal Place of Business

Mailing Address

**1812 RIGGINS ROAD  
TALLAHASSEE FL 32308**

**1812 RIGGINS ROAD  
TALLAHASSEE FL 32308**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORGESSEN, KAREN R  
1812 RIGGINS ROAD  
TALLAHASSEE FL 32308**

Name

**Jane Gale Boyd**

Street Address (P.O. Box Number is Not Acceptable)

**1812 Riggins Road**

City

**Tallahassee**

FL

Zip Code

**32308**

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 **D** ☐ Delete  
NAME **GACKENHEIMER, DREW E.**  
STREET ADDRESS **4847 FRED GLADSTONE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JOHNSON, RAYMOND M**  
STREET ADDRESS **1000 VICAR'S LANDING**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **HARRISON, MARY**  
STREET ADDRESS **413 N. E. 3RD ST.**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **GRANT, JERRY**  
STREET ADDRESS **P. O. BOX 90**  
CITY-ST-ZIP **WEST POINT PA 19486**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **BOORD, SCOTT**  
STREET ADDRESS **4847 FRED GLADSTONE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **LYNN, RICHARD**  
STREET ADDRESS **740 N. WOODLAND BLVD.**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/02**

Date

Daytime Phone #

CR2E037 (9/01)