

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12674

1. Entity Name

NATIONAL ASSOCIATION OF SENIOR FRIENDS, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P.O. BOX 750
ATTN: LEGAL DEPT.
NASHVILLE TN 37202
US

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 61-1111325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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: If the signature is typed, it must be accompanied by a handwritten signature.)

DATE

ALLAN FARNELL

ASSISTANT SECRETARY

4/12/02

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 P
NAME JOUSTRA, JANA
STREET ADDRESS 420 ELMINGTON AVE #522
CITY-ST-ZIP NASHVILLE TN 37205 ☐ Delete

TITLE STD
NAME SPURGEON, MARK
STREET ADDRESS 105 STANWICK DRIVE
CITY-ST-ZIP FRANKLIN TN 37067 ☐ Delete

TITLE V
NAME HOUSER, FRANK M MD
STREET ADDRESS 834 NORTH CURTISWOOD LANE
CITY-ST-ZIP NASHVILLE TN 37204 ☐ Delete

TITLE M
NAME HARRIS, EMMETT H
STREET ADDRESS 1593 CAMPBELL ROAD
CITY-ST-ZIP GOOLETTVILLE TN 37072 ☐ Delete

TITLE M
NAME MONTGOMERY, BERT L
STREET ADDRESS 815 FONNIC DRIVE
CITY-ST-ZIP NASHVILLE TN 37207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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, or on other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

344-2190

Daytime Phone #

CR2E037 (9/01)