2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000017495 **DOCUMENT #**

1. Entity Name

THE RESIDENCE RETIREMENT CENTER, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90156 005 ***150.00

See Name and Address of Current Registered Agent RICHARDS, PHYLLIS ANN 208 MARVELINE DRIVE LAKELAND FL 33801 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. Lam familiar with, and act the obligations of registering agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAME SIRECT ADDRESS CITY-ST-ZIP TITLE MAME SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS SIRECT ADDRE			To we take	9	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required City FL Zip Code S. Treet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity sucmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent of printed name of agent and the if applicable. Signature Registered Agent (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity sucmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered name of agent and the if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE MAKE SIRET ADDRESS CITY 57-2P THE MAKE Detect THE MAKE Detect THE MAKE ARE ADDRESS CITY 57-2P Change ARE ARE ARE ARE ARE ARE ARE AR	208 MARVELINE DRIVE	208 MARVELINE DRIVE			
City & State Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Re	2. Principal Place of Business	3. Mailing Address			
City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Fee Required Fee Required Fee Required Fee Required Fee Required File Address of New Registered Agent Name	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HEDE IE MAKING CHANGES	
Section Sect	City & State City & State		<u> </u>		ied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDS, PHYLLIS ANN 208 MARWELINE DRIVE LAKELAND FL 33801 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RICHARDS, PHYLLIS ANN OB MARVELINE DRIVE LAKELAND FL 33801 Change Added to Fee INME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS S	Zip Country	Zip	Country		Applicable onal
RICHARDS, PHYLLIS ANN 208 MARYELINE DRIVE LAKELAND FL 33801 City FL Zip Code City	6. Name and Addres	s of Current Registered Agent	<u> </u>	Fee Required	
RICHARDS, PHYLLIS ANN 208 MARVELINE DRIVE LAKELAND FL 33801 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. I am familiar with, and ac the obligations of registered agent. SIGNATURE SIRDATURE SIRDATUR		····	Name		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	RICHARDS, PHYLLIS ANN	المرابطة المحارضية فليفرض المرادي والمنظور المحارفة	Name	ವಹಾಗುತ್ತಾರೆಗಳು ಅವರ ಗುಣ್ಣವಹ್ಯುಚಿವರಿಂದ ವರ್ಷಕ್ಕೆ ಕೆಗೆ ನಿರ್ದೇಶಕ್ಕೆ ಅವರಿಗೆ ಬೆಂಬಿಗೆ ಬೆಂಬಿಗೆ ಬೆಂಬಿಗೆ ಬೆಂಬಿಗೆ ಬೆಂಬಿಗೆ ಇದೇ ಕೆಗೆ ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದು ಮಾಡುವುದ್ದಾರೆ. ಇದೇ ಮಾಡುವುದು ಮಾಡುವುದು ಮಾ	
LAKELAND FL 33801 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. I am familiar with, and act the obligations of registered agent. When remaining the purpose of changing its registered agent and state of Florida. I am familiar with, and act state of Florida. I am f			Street Addres	ss (P.O. Box Number is Not Acceptable)	
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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	et.		-		
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. I am familiar with, and ac the obligations of registered agent. SIGNATURE Signature, hypodi or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Atter May 1, 2003 Fee will be \$550.00	DANEDAND PE 33007				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:			1 1		
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S	S garrigrou agont.	statement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, an	d accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP		The management of the second		nier Indiana	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIRE		registered agent and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will b	e \$550.00			May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 11
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		NN Delete		☐ Change [Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS 208 MARVELINE DRIVE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP LAKELAND FL 33801	,	i	•	İ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	☐ Delete	TITLE	☐ Channa — □	
CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			NAME	Ontaings	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME OF Delete NAME OF STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					ĺ
NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			CITY-ST-ZIP		ſ
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Delete		☐ Change ☐	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE UAME UAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			_	en e	
TITLE Delete TITLE Change Add STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				
NAME STREET ADDRESS STREET ADDRESS	TITLE	□ Rolete			
STREET ADDRESS STREET ADDRESS	NAME	Detete		☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP					
	CITY-ST-ZIP	·	CITY-ST-ZIP		1
Lad Detete		☐ Delete	TITLE	Change F	Addition
NAME NAME			NAMF) Addition
STREET AUDITESS	ITLE IAME		74		
CH1-21-CE	IAME TREET ADDRESS		STREET ADDRESS		
	IAME STREET ADDRESS STRY-SI-ZIP		STREET ADDRESS		
AMF THE STREET S	IAME STREET ADDRESS STY-ST-ZIP STLEE		STREET ADDRESS , CITY-ST-ZIP TITLE	☐ Change	Addition
AME NAME	IAME ITREET ADDRESS ITY-SI-ZIP ITLE AME		STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐	Addition
AMF THE STREET S	TREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



(863/687-7100