

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90078 020 \*\*\*150.00

**DOCUMENT # S69340**

1. Entity Name

**RES-CARE FLORIDA, INC.**

Principal Place of Business 10140 LINN STATION RD LOUISVILLE KY 40223	Mailing Address 10140 LINN STATION RD LOUISVILLE KY 40223 US
---	---



DO NOT WRITE IN THIS SPACE

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 <b>61-1204314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEARY, RONALD G 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SANDFORD, HALSEY E 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSS, JEFFREY M 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, J G 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WASKEY, DAVID S 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILEY, MARY D 10140 LINN STATION RD LOUISVILLE KY 40223 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary D. Wiley* **MARY D. WILEY, Assistant Secretary** 04/13/00 502-394-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

569'540  
00085869

**RES-CARE FLORIDA, INC.**

**OFFICER & DIRECTORS**

<b><u>OFFICERS</u></b>	<b><u>NAME</u></b>	<b><u>STREET</u></b>	<b><u>CITY</u></b>	<b><u>STATE</u></b>	<b><u>ZIP</u></b>	<b><u>TERM</u></b>
President	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Vice President, Secretary, & Treasurer	E. Halsey Sandford	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Vice President	Jeffrey M. Cross	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Vice President	J. Gregory Price	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Vice President	Allen Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Vice President	Paul G. Dunn	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Assistant Secretary	Mary D. Wiley	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Assistant Treasurer	Gregory T. Rousos	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Assistant Treasurer	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223	05/99

<b><u>BOARD OF DIRECTORS</u></b>	<b><u>NAME</u></b>	<b><u>STREET</u></b>	<b><u>CITY</u></b>	<b><u>STATE</u></b>	<b><u>ZIP</u></b>	<b><u>ZIP</u></b>
Director	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223	05/99
Director	E. Halsey Sandford	10140 Linn Station Road	Louisville	Kentucky	40223	05/99