

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90119 017 ***150.00

45

DOCUMENT # S69340

1. Entity Name
RES-CARE FLORIDA, INC.

Principal Place of Business Mailing Address
10140 LINN STATION RD **10140 LINN STATION RD**
LOUISVILLE KY 40223 **LOUISVILLE KY 40223**
US **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 Applied For

61-1204314 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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, 2002 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	VP DUNN, PAUL G 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	AT BRICE, R. DAN 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	<i>see attached list</i>	<input type="checkbox"/> Change <input checked="" 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* **REQUIRED** **Mary D. Wiley, Asst. Secretary** 01/28/02 (502)394-2384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

319484

RES-CARE FLORIDA, INC.

569340

OFFICER & DIRECTORS



OFFICERS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
President	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Treasurer	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Secretary & Vice President	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Jeffrey M. Cross	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Paul G. Dunn	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	Mary D. Wiley	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	R. Dan Brice	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	L. Bryan Shaul	10140 Linn Station Road	Louisville	Kentucky	40223

BOARD OF DIRECTORS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
Director	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Jeffrey M. Cross	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223

