


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90190 042 ***150.00

DOCUMENT # S69340

1. Entity Name
RES-CARE FLORIDA, INC.



Principal Place of Business
**10140 LINN STATION RD
LOUISVILLE KY 40223
US**

Mailing Address
**10140 LINN STATION RD
LOUISVILLE KY 40223
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **61-1204314**

Applied For
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRICE, R. DAN 10140 LINN STATION RD LOUISVILLE KY 40223	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list for additional Officers and Directors	<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	AS Mary D. Peters 10140 Linn Station Road Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Mary D. Peters* **MARY D. PETERS**, Asst. Secretary **1-10-03** 502-394-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

Attachment

90028808

569340

RES-CARE FLORIDA, INC.

OFFICERS & 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	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. Peters	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	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