

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839014

1. Entity Name

LIFE CARE RETIREMENT COMMUNITIES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90012 003 ****70.00

Principal Place of Business 200 E. GRAND AVENUE 390 DES MOINES IA 50309-1800 US	Mailing Address 1600 HUB TOWER 699 WALNUT DES MOINES IA 50309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 E. Grand Avenue	3. Mailing Address
Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc.

City & State Des Moines, IA	City & State
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4. FEI Number 42-1068850	Applied For Not Applicable
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Zip 50309	Country US	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CD DICKINSON, L CALL, JR 3737 SOUTHERN HILLS DRIVE DES MOINES IA 50321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, GARLAND K 7305 RIDGEMONT URBANDALE IA 50322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KADUCE, JOHN J. 200 E GRAND AVE, S390 DES MOINES IA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEFRON, MIANNE 147-34TH STREET DES MOINES IA 50312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUFFER, WILLIAM A. 3920 GRAND AVE., SOUTH 301 DES MOINES IA 50312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dickinson, L. Call, Jr. 3737 Southern Hills Drive Des Moines, IA 50321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Carver, Garland K. 7305 Ridgemont Urbandale, IA-50322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kaduce, John J. 100 E. Grand Avenue, Suite 230 Des Moines, IA 50309 <input checked="" 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	TD Foreman, Merlin J. 6019 Weybridge Johnston, IA 50131 <input type="checkbox"/> Change <input checked="" 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 617, 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: Signature Required (515) 288-5805
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

attachment

839014

06103348

**LIFE CARE RETIREMENT COMMUNITIES, INC.
CORPORATE NUMBER: 839014
2000 ADDITIONAL OFFICER/DIRECTOR LIST**

TITLE: S NAME: CODER, SYDNEY J.
4505 - 73RD STREET
URBANDALE, IA 50322

TITLE: D- NAME: BOURNE, DONALD W.
440 IRON HILL STREET
PLEASANT HILL, CA 94523-5602

TITLE: VD NAME: PIERSON, ERNEST C.
112 HOMEDALE ROAD
HOPKINS, MN 55343