

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90121 048 ***150.00

DOCUMENT # F96000005781

1. Entity Name
FORD HOME FOR THE AGING, INC.
 1833 FOREST...
 Principal Place of Business: **CALGARY GLEN GA 30001**
 Mailing Address: **316 CALGARY GLEN AUSTELL GA 30168-7283**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **316 Calgary Glen**
 Suite, Apt. #, etc.: **Same**
 City & State: **Austell GA**
 Zip: **30168** Country: **Cobb**
 3. Mailing Address: **Same**
 Suite, Apt. #, etc.: **Same**
 City & State: **Same**
 Zip: Country:

4. FEI Number: **58-2259653** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COOK, ANGELA E
3923 LAKEWORTH RD SUITE 202
LAKEWORTH FL 33461

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: _____ (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	P	<input type="checkbox"/> Delete
NAME	COOK, ANGELA E	
STREET ADDRESS	316 CALGARY GLEN	
CITY-ST-ZIP	AUSTELL GA 30001	
TITLE	MD	<input type="checkbox"/> Delete
NAME	FORD, RICKEY L	
STREET ADDRESS	316 CALGARY GLEN	
CITY-ST-ZIP	AUSTELL GA 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Angela E Cook* **ANGELA E COOK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/31/00**
 Daytime Phone #: **732-1494**

CR2E034 (9/99)