

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90173 014 ****61.25

DOCUMENT # N09254

1. Entity Name
PALM COAST ELDERLY HOUSING, INC.

Principal Place of Business

Mailing Address

**3447 GREYSTONE CIR
 ATLANTA GA 30341
 US**

**PO BOX 450049
 ATLANTA GA 31145
 US**

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
58-1623161

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, ALICIA M
 141 NE 3RD AVE., STE. 601
 MIAMI FL 33132**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE*	DP	<input type="checkbox"/> Delete
NAME	GLENN, JOSEPH F.	
STREET ADDRESS	3447 GREYSTONE CIR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GLENN, ELIZABETH C.	
STREET ADDRESS	3447 GREYSTONE CCIR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REINHART, ROBERT L.	
STREET ADDRESS	3447 GREYSTONE CIR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, WILLARD	
STREET ADDRESS	3447 GREYSTONE CIR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAGAN, LARRY G	
STREET ADDRESS	3447 GREYSTONE CIR	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Joseph F. Glenn**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 770.496.0598
 Date Daytime Phone #

CR2E037 (9/01)