

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90014 002 ****70.00

DOCUMENT # 743018
 1. Entity Name
JOHN KNOX VILLAGE OF CENTRAL FLORIDA, INC.

Principal Place of Business 101 NORTHLAKE DR. ORANGE CITY FL 32763	Mailing Address 101 NORTHLAKE DR. ORANGE CITY FL 32763-6167
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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 59-1831906	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, GARY S
301 N VOLUSIA AVE.
ORANGE CITY FL 32763

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: *Gary S Wright, General Counsel* DATE: 3/22/00
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D GREER, CHARLES 860 E PENNSYLVANIA AVE DELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank knight 880 Lakeshore Dr. Enterprise, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRUNNING, BARBARA 725 N FLORIDA AVENUE DELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Lonk 225 Cedarwood Ct DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SNEAD, WILLIAM 3-A WESTLAKE DR. ORANGE CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TAFT, HARRY 307 E RICH AVE DELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CORNETT, TAVER 500 E NEW YORK AVE DELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, BURL 2450 S VOLUSIA AVE ORANGE CITY FL	TITLE 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: *TAVER B. CORNETT* DATE: 3-29-00 DAYTIME PHONE #: 904-738-0649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR