

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757880

1. Entity Name

PALATKA RETIREMENT VILLAS, INC.

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

04-19-2000 90005 029 ****61.25

Principal Place of Business

Mailing Address

PROVIDENCE CENTER
134 E. CHURCH ST.
JACKSONVILLE FL 32202

SANDRA B. BONNA
134 E. CHURCH ST.
JACKSONVILLE FL 32202-3130

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

59-2147710

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

HAUT, VINCENT J.
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32217

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

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	PD HARRIS, RETA 102 ASHLEY DRIVE PALATKA, FL 00000 32117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, EVIE 109 CODY DR SATSUMA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, RETA 102 ASHLEY DR PALATKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMMER, GERALDINE 5238 SILVERLAKE DR. PALATKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GINN, LOU 417 ST JOHNS AVENUE PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLAY, JOSEPH REV. 114 SOUTH FOURTH STREET PALATKA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Mary Lawson 107 South 9th Street Palatka FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, Mrs. Joyce P.O. Box 520 Bostwick FL 32007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waters, Carmen 1707 S Palm Avenue Palatka FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Faunce, Mrs. Barbara 150 River Drive E Palatka FL 32131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ginn, Lou 421 St. Johns Avenue Palatka FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David, Chris 110 Myrtle Wood Point Road E Palatka FL 32131	<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:

Sandra B. Bonna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 632-1255

Date

Daytime Phone #

CR2E037 (9/99)