

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90070 034 ****61.25

0003358

DOCUMENT # 767181

1. Entity Name

NURSING HOME VOLUNTEER AUXILIARY, INC.

Principal Place of Business

**2159 NW 29TH AVENUE
GAINESVILLE FL 32605**

Mailing Address

**2159 NW 29TH AVENUE
GAINESVILLE FL 32605**

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

59-2410787

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITTAKER, DORIS
2159 NW 29TH AVE.
GAINESVILLE FL 32605-2915**

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 \$61.259. 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 **SD** ☐ Delete
NAME **WHITTAKER, DORIS**
STREET ADDRESS **2159 NW 29TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE **TD** ☐ Delete
NAME **WILSON, MERRY LYNNE**
STREET ADDRESS **2630-B NW 41ST ST.**
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE **D** ☐ Delete
NAME **ALLEN, MARJORIE**
STREET ADDRESS **P O BOX 280 N/A**
CITY-ST-ZIP **WALDO FL**TITLE **PD** ☐ Delete
NAME **HAZEN, RUTH**
STREET ADDRESS **2055 NW 19TH LANE**
CITY-ST-ZIP **GAINESVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02 352-372-8777

CR2E037 (9/01)