

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12268

1. Entity Name

VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90100 017 ****61.25

| | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 853 S NEW YORK AVE LAKELAND FL 33815 US | Mailing Address 853 S NEW YORK AVE LAKELAND FL 33815-4785 US |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|



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 59-2625297 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MARTIN, E SNOW JR
200 LAKE MORTON
LAKELAND FL 33801

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. <input type="checkbox"/> \$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 ADAMSON, ERIC B 146 WOODSIDE DR LAKELAND FL 33813 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUDSON, GEORGE 3524 CRAFTSMAN BLVD LAKELAND FL 33803 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MURVIN, RICHARD 1238 BRIGHTON WAY LAKELAND FL 33803 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD O'REILLY, ALICE C 620 LAUREL LANE LAKELAND FL 33813 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TINNEY, MARGEE 2130 PHILLIPS AVE LAKELAND FL 33803 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Hudson, George 924 Camelot Lane Lakeland FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Cannon, John 332 Eunice Dr. Lakeland FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Reuschling, Dotty 50 Lake Hollingsworth Dr. Lakeland FL 33803 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input 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: *Richard H. Murvin* (RICHARD H. MURVIN) 4/26/00 863-687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99