

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13104

1. Entity Name

THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR MA

Principal Place of Business

Mailing Address

6601 CHESTER AVE.
JACKSONVILLE FL 32217

6601 CHESTER AVE.
JACKSONVILLE FL 32217-2252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGHEE, C COLLIER JR.
112 W. ADAMS ST.
STE. 924
JACKSONVILLE FL 32202

Name

JAMES T. R. LB

Street Address (P.O. Box Number is Not Acceptable)

6601 CHESTER AVENUE

City

JACKSONVILLE

FL

Zip Code

32217

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CHRISTIAN, R. IRVIN
1027 BROOKMONT AVE., E.
JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENCE, WILLIAM B., JR.
14830 PLUMOSA DR.
JACKSONVILLE BCH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MCGHEE, C. COLLIER, JR.
112 W ADAMS ST STE 924
JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POARCH, BERT, P
178 JEFFERSON AVE EAST
ORANGE PARK FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVC
SIZEMORE, ROBERT J.
11338 ELAINE DR.
JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDRICKS, HERMAN
RT 4 BOX 2010
LAKE BUTLER FL 32054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

(904) 636-0313

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90055 011 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2777638

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/99)