

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90189 043 ****61.25

DOCUMENT # N33937

1. Entity Name

THE NORTHWEST ADULT DAYCARE CENTER OF JACKSONVIL

Principal Place of Business

Mailing Address

1500 ROWE AVENUE
 JACKSONVILLE FL 32208
 US

4412 CLYDE DR.
 JACKSONVILLE FL 32208-1969
 US

2. Principal Place of Business

NORTHWEST ADULT DAYCARE

3. Mailing Address

1500 ROWE AVENUE

Suite, Apt. #, etc. **CENTER OF JAX.**

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State

4. FEI Number
59-2951613

Applied For
 Not Applicable

Zip
32208

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADGER, MILDRED D.
4412 CLYDE DR
JACKSONVILLE FL 32208

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
BADGER, MILDRED D.
 STREET ADDRESS **4412 CLYDE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
NEWSOME, ISAAC JR.
 STREET ADDRESS **4412 CLYDE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME **DV**
NEWSOME, ISAAC JR.
 STREET ADDRESS **3633 CLYDE DRIVE**, JAX. FL. 32208
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
VARNEDOE, GAIL L
 STREET ADDRESS **9525 SIBBALD RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE Change Addition
 NAME **MR. ISAAC WILLIAMS**
 STREET ADDRESS **8905 CASTLE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

TITLE Delete
 NAME **D**
FISHER, ALICE
 STREET ADDRESS **2549 RIVERTRAIL RD N**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME **D**
MR STANDLEY TWIGGS
 STREET ADDRESS **11753 MALLARD LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

TITLE Delete
 NAME **D**
MS. GWENDOLYN KEITH ADDITION
 STREET ADDRESS **4835 W. VIRGINIA AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32209**

TITLE Change Addition
 NAME **MR. REGINALD L. GAFFNEY**
 STREET ADDRESS **1845 DAYTONA LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **MR. SHADRACH ADAMS**
 STREET ADDRESS **2438 PALMDALE STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

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: **MILDRED D. BADGER** REQUIRE *Mildred D. Badger* 6/8/21/00 904-766-3422
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)