2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90096 013 ****61.25

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.

Principal Place of Business	Mailing Address
255 CAPRON ROAD COCOA FL 32927	PORT SAINT JOHN SENIORS INC. P.O. BOX 10084 PORT SAINT JOHN FL 32927

L00033586

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1230 B CHENEY HWY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE, FL	City & State
Zip: 32780 Country: USA	Zip Country

4. FEI Number 59-3096014 ☐ Applied For ☐ Not Applicable

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
EMR, GEORGE V. 255 CAPRON ROAD PORT SAINT JOHN FL 32927	Name: COPPOLA, JACK Street Address (P.O. Box Number is Not Acceptable): 1230 B CHENEY HWY City: TITUSVILLE **FL** Zip Code: 32780

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 George V. Emr 3/16/01
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	D HURST, WILLIAM 6865 BELFAST AVE. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHTER, QUENTIN 6825 BELFAST AVE PORT SAINT JOHN FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPPOLA, BETTY 1230 B CHENEY HWY TITUSVILLE, FL 32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EMR, GEORGE V 255 CAPRON ROAD COCOA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COPPOLA, JACK 1230 B CHENEY HWY TITUSVILLE, FL32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUEGER, MARK 5045 MAYFLOWER ST. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EMR, MARY E 255 CAPRON ROAD PORT SAINT JOHN FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'HARA, ROSE 4275 FAY BLVD PORT SAINT JOHN, FL 32927 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, DOROTHY 6210 ARBOR AVE PORT SAINT JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 Jack Coppola 3-22-01 321-383-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #