

2000 UNIFORM BUSINESS REPORT (UBR)

0051589

DOCUMENT # N51292

1. Entity Name

VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND DEVE

APPROVED
AND
FILED

00 OCT 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business BROWARD SUPPORTED LIVING PROGRAM 1001 NW 6TH AVE., UNIT 1 FT LAUDERDALE FL 33060	Mailing Address VOLUNTEERS OF AMERICA OF FLORIDA 402 N REO ST., STE 105 TAMPA FL 33609-1015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2030721		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			

ROBBINS, R. JAMES, JR.
101 E. KENNEDY BLVD.
TAMPA FL 33802

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/17/00

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	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIPPER, JESSE L.			NAME			
STREET ADDRESS	402 REO STREET, SUITE 105			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP	000003440490--5		
TITLE	VC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOK, ALAN O.			NAME			
STREET ADDRESS	402 N. REO ST., STE. 105			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EBERHART, CATHY			NAME			
STREET ADDRESS	402 REO ST., STE. 105			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPEARMAN, KATHRYN E			NAME			
STREET ADDRESS	402 N REO ST., STE. 105			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

REINSTATEMENT 00 ^{TS}

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00

DATE

913-2821525

DAYTIME PHONE #

CR2E037 (9/99)