## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 25, 2001 08:00 AM N93000004237 DOCUMENT # 1. Entity Name **Secretary of State** HALIFAX HEALTHY FAMILIES CORPORATION Principal Place of Business Mailing Address 303 N. CLYDE MORRIS BLVD. 303 N. CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH DAYTONA BEACH FL 32114 32114 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3216270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIDSON DAVID JESQ. Street Address (P.O. Box Number is Not Acceptable) 303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL32114 US City 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. 04/25/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME BAILEY RICHARD STREET ADDRESS STREET ADDRESS 1304 JULIA STREET CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FT. 32168 TITLE C/D☐ Delete TITLE C/D X Change ☐ Addition NAME MILLER FRED NAME MILLER FRED STREET ADDRESS STREET ADDRESS 200 NORTH CLARA AVENUE 200 NORTH CLARA AVENUE CITY-ST-ZIF DELAND 32174 CITY-ST-ZIP DELAND FL. 32721 TITLE Delete TITLE Change ☐ Addition NAME LEONARD KATHY NAME STREET ADDRESS STREET ADDRESS 401 PALMETTO ST CITY-ST-ZIP NEW SMYRNA BEACH CITY-ST-ZIP FL. 32169 TITLE Delete TITLE Change Addition NAME PECK EDWIN JR. NAME STREET ADDRESS 2430 S. ATLANTIC AVE., STE. F STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES FL. 32118 CITY-ST-ZIP TITLE D Delete TITLE Change ☐ Addition NAME REES RON R NAME STREET ADDRESS 2906 RIVERPOINT DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH 32118 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_

SCHAEFFER

DAYTONA BEACH

NAME

STREET ADDRESS

CITY-ST-ZIP

DEANNA SCHAEFFER

 $\mathbf{FL}$ 32114

DEANNA

655 N CLYDE MORRIS BLVD, STE A

Р

04/25/2001

CR2E037 (11/00)

BONNIE SORENSON (D) 501 S. CLYDE MORRIS BLVD.

DAYTONA BEACH, FL 32114