

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90078 026 ****61.25

DOCUMENT # N96000000179

1. Entity Name

THE ARTHAUS AT SPRUCE CREEK FOUNDATION, INC.



Principal Place of Business

**3840 RIDGEWOOD AVE.
PORT ORANGE FL 32119
US**

Mailing Address

**P.O BOX 290232
PORT ORANGE FL 32129
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3361144**

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

**JENNINGS, JANE
6206 SHORE LINE DR
PORT ORANGE FL 32127**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D JENNINGS, JANE 6206 SHORELINE DR PT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RING, LAURIE G 1810 JAMES STREET SOUTH DAYTONA FL 32119	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D ATWOOD, PETE 807 WOODPORT DR PT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Andersen 6217 COQUINA CIR PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim WARD 5910 TRAILWOOD DR PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID STUART EPSTEIN 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON NOWVSKIE 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: JANE JENNINGS

386-798-3046

CR2E037 (10/02)