

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N18576**

1. Entity Name

**EL BETH EL DEVELOPMENT CENTER, INC.****FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91006 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**725 WEST FOURTH ST.  
JACKSONVILLE FL 32209****P.O. BOX 3575  
JACKSONVILLE FL 32206  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2845839**

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

**GREGORY, RODNEY G P.A.  
3900 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

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          | PD                    | <input type="checkbox"/> Delete |
| NAME           | HALL, LORENZO, SR.    |                                 |
| STREET ADDRESS | P.O. BOX 3575 N/A     |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL       |                                 |
| TITLE          | TSD                   | <input type="checkbox"/> Delete |
| NAME           | HALL, WRIGHT LEOLA B. |                                 |
| STREET ADDRESS | 1111 WEARE STREET     |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206 |                                 |
| TITLE          | VD                    | <input type="checkbox"/> Delete |
| NAME           | LIPSON, CAROLYN       |                                 |
| STREET ADDRESS | 224 W. 21ST STREET    |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL       |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | MAXWELL, LELIA,       |                                 |
| STREET ADDRESS | 1548 E. 25 ST.        |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206 |                                 |
| TITLE          | ISAAC L. HALL         | <input type="checkbox"/> Delete |
| NAME           | 9118 SIBBAID RD. (MD) |                                 |
| STREET ADDRESS | JAX, FLA. 32208       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 904-359-0661

CR2E037 (9/01)