

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380497

1. Entity Name

DEERWOOD CENTER, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90024 020 \*\*\*150.00

Principal Place of Business

9540 STATE RD 13  
JACKSONVILLE FL 32257-5432

Mailing Address

PO BOX 23627  
JACKSONVILLE FL 32241-3627  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1398592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, DAVID  
1300 RIVERPLACE BLVD  
JACKSONVILLE FL 32207

Name

FOSTER, DAVID M

Street Address (P.O. Box Number is Not Acceptable)

9540 SAN JOSE BLVD

City

JACKSONVILLE, FL

FL

Zip Code  
32257

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 DAVID M FOSTER

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

(NOTE: Registered Agent signature required when reinstating)

03/08/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WILSON, KENNETH P.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SMITH, P.JEREMY JR.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LUKE, JOSEPH C  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AST ☐ Delete  
NAME GLAVIN, THOMAS M  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FOSTER, DAVID  
STREET ADDRESS 1300 RIVERPLACE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME LUEDERS, JACK C. JR.  
STREET ADDRESS 9540 SAN JOSE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK C LUEDERS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK C LUEDERS JR

02/22/00

Date

(904) 448-2910

Daytime Phone #

CR2E034 (9/99)