

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **380497**

1. Entity Name

DEERWOOD CENTER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90039 025 ***150.00

Principal Place of Business

**9540 STATE RD 13
JACKSONVILLE FL 32257-5432**

Mailing Address

**PO BOX 23627
JACKSONVILLE FL 32241
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 **59-1398592**

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

**FOSTER, DAVID
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257**

Name

MCCORMACK, JAMES E

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

9540 SAN JOSE BLVD.

City

JACKSONVILLE

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

J.E. MCCORMACK, SECRETARY

4-16-01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, KENNETH P. 9540 SAN JOSE BLVD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, P.JEREMY JR. 9540 SAN JOSE BLVD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUKE, JOSEPH C 9540 SAN JOSE BLVD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GLAVIN, THOMAS M 9540 SAN JOSE BLVD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DAVID 1300 RIVERPLACE BLVD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUEDEERS, JACK C. JR. 9540 SAN JOSE BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete

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

**AT/AS
GLAVIN, THOMAS M
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

**V/T/AS
LUEDEERS, JACK C JR
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. MCCORMACK, SECRETARY

4-16-01

Date

9044482910

Daytime Phone #

CR2E034 (10/00)

Attachment

825526

Deerwood Center Inc.
PO BOX 23627
Jacksonville, FL 32241

April 16, 2001

380497

Attachment for Document #380497
Addition:

<u>Name</u>	<u>TITLE</u>
McCormack, James E.	S