

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709878

1. Entity Name

EDWARD WATERS COLLEGE SENIOR CITIZENS HOME, INC. ✓

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90076 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1850 KINGS ROAD  
 JACKSONVILLE FL 32209

1850 KINGS ROAD  
 JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1258866

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

DUHART, WILLIAM H  
 1850 KINGS ROAD  
 JACKSONVILLE FL 32209

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**  
**After September 13, 2000 min. will be \$236.25**

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	CUMMINGS, FRANK C	
STREET ADDRESS	112 W. ADAMS ST. #1814	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEHEE, T E	
STREET ADDRESS	1567 KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARNES, GEORGE A	
STREET ADDRESS	4991 SOUTEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	A	<input type="checkbox"/> Delete
NAME	DUHART, WILLIAM H	
STREET ADDRESS	1850 KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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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: *William H. Duhart* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000 904-768-3447

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE