2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 712001 Aug 04, 2000 8:00 am Secretary of State 1. Entity Name PRESBYTERIAN SPECIAL SRVICES, INC. 08-04-2000 90001 030 ****61.25 Principal Place of Business Mailing Address 3395 GRAND AVENUE P.O. BOX 220036 GLENWOOD FL 32722 GLENWOOD FL 32722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1159090 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - --- 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, W BLAKE 3395 N. GRAND AVE. GLENWOOD FL 32722 City 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 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. OTTO: 4 Addition ☐ Delete TITLE Change Cathers, Margaret BRUNS, CAROLLE NAME NAME 372 Bella Vista STREET ADDRESS 40 MEADOWOOD TRAIL STREET ADDRESS Edgewater, FL 32141 CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724** ☐ Delete ☐ Change Gabriel, K. Eugene SANDERS, EDWIN P.B. NAME NAME 141 Brandy Hilkorive STREET ADDRESS STREET ADDRESS 120 W. INDIANA, SUITE 207 CITY-ST-ZIP CITY-ST-ZIP Port Orange Fl 32119 **DELAND FL Addition** ☐ Delete TITLE Change TITLE martin, Wilma AITKEN, ROBERT NAME NAME 1361 Greenland Terrace STREET ADDRESS 3022 TURTLE DOVE TRAIL STREET ADDRESS CITY-ST-7IF CITY-ST-7IP 32720 ocland. FL DELAND FL ☐ Delete D TITLE ☐ Change Addition TITLE GAEL, ART NAME NAME Weigel Allyn Drive STREET ADDRESS STREET ADDRESS 13275 SE 106 TERR CITY-ST-ZIP CITY-ST-ZIP OCKLAWAHA FL 32179 cland. leh, Charles of ct. VCD ☐ Change Addition TITLE Delete TITLE KIRKPATRICK, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1601 BUENA VISTA DR. 33324 CITY-ST-7/P CITY-ST-7IP **EUSTIS FL** Delete TITI F ☐ Change ☐ Addition NAME BIRDSALL, WILLIAM NAME STREET ADDRESS 36340 VIA MARCIA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL

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 receipts 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

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SIGNATURE:

Now SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

dwin-P.B. Sonders