

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715902**

1. Entity Name

MOUNT CARMEL GARDENS, INC.**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90373 009 *****61.25

Principal Place of Business

**5846 MT. CARMEL TERRACE
JACKSONVILLE FL 32216**

Mailing Address

**5846 MT. CARMEL TERRACE
JACKSONVILLE FL 32216**

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

59-1284358

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, JACK
1436 SWAN LANE
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

TITLE	P	☐ Delete
NAME	COLEMAN, JACK	
STREET ADDRESS	1436 SWAN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	VP	☐ Delete
NAME	BENWICK, BRIAN	
STREET ADDRESS	9455 LITA RD., W.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	S	☐ Delete
NAME	CARTER, DEBBIE	
STREET ADDRESS	803 WOOD HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	T	☐ Delete
NAME	LEWIS, BEN	
STREET ADDRESS	11550 HILLDEN HARBOR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	D	☐ Delete
NAME	SLUTZAH, RUTH	
STREET ADDRESS	4009 PONCE DE LEON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	D	☐ Delete
NAME	AXELBERG, LOUISE	
STREET ADDRESS	3853 OLDFIELD TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE		☐ Change ☐ 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
LOUISE AXELBERG

Date

2/1/2001

Daytime Phone #

904-268-1314

CR2E037 (10/00)