

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90075 043 \*\*\*\*70.00

DOCUMENT # 728571

1. Entity Name

THE GOOD SAMARITAN HOME OF SANFORD, FLORIDA

Principal Place of Business

Mailing Address

1704 W 9TH ST  
SANFORD FL 32771

P O BOX 845  
SANFORD FL 32772-0845  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0865843

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

BLAKE, RUBY N.  
1120 PECAN AVE  
P.O. BOX 589  
SANFORD FL 32772

Name **BATTLE, RUBY N.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1120 PECAN AVENUE**  
**P.O. Box 589**  
City **SANFORD** FL Zip Code **32772**

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

*Ruby N. Battle*

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

(NOTE: Registered Agent signature required when reinstating)

1/20/00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **HAGLE, HARRY**  
STREET ADDRESS **540 VILLAGE PLACE, APT. 316**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **V** ☐ Delete  
NAME **CONKLIN, PHYLLIS**  
STREET ADDRESS **1201 WASHINGTON DRIVE**  
CITY-ST-ZIP **SANFORD FL**

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

TITLE **STD** ☐ Delete  
NAME **BLAKE, RUBY N.**  
STREET ADDRESS **1120 PECAN AVENUE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☒ Change ☐ Addition  
NAME **BATTLE, RUBY N.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **JONES, WILLIE L.**  
STREET ADDRESS **152 HIDDEN LAKE DRIVE**  
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ Change ☒ Addition  
NAME **HAWKINS, MARVA Y**  
STREET ADDRESS **1004 W. 13th St - P O Box 492**  
CITY-ST-ZIP **SANFORD, FL 32772**

TITLE **D** ☐ Delete  
NAME **BODISON, SYLVIA**  
STREET ADDRESS **500 W. AIRPORT BLVD. #1815**  
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☐ Delete  
NAME **FRAASA, WILLIAM**  
STREET ADDRESS **106 PALMETTO AVENUE**  
CITY-ST-ZIP **SANFORD FL**

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:

*Ruby N. Battle* **RE RUBY N. BATTLE - STD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00  
Date

407-322-3321  
Daytime Phone #