

2002 UNIFORM BUSINESS REPORT (UBR)

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
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

59-0865843

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

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

Name
RUBY N. DANIELS
Street Address (P.O. Box Number is Not Acceptable)
700 East 7th St.

City SANFORD FL Zip Code 32771

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. DANIELS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME FOGLE, DOROTHEA
STREET ADDRESS HOLLY AVENUE, P.O. BOX 804
CITY-ST-ZIP SANFORD FL 32772 ☐ Delete

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

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

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

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

TITLE
NAME RUBY N. DANIELS
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME HAWKINS, MARVA Y
STREET ADDRESS 1004 W 134 ST., P O BOX 492
CITY-ST-ZIP SANFORD FL 32772 ☐ Delete

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

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

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

TITLE D
NAME PARSELL, ROBERT
STREET ADDRESS 207 E 25TH ST
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

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. DANIELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

407-322-3321

Daytime Phone #

CR2E037 (9/01)