

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90163 009 *****66.25

DOCUMENT # 741462

1. Entity Name

HUBBARD HOUSE, INC.



Principal Place of Business

P.O. BOX 4909
JACKSONVILLE FL 32201
US

Mailing Address

P.O. BOX 4909
JACKSONVILLE FL 32201
US

10009292



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1814635**

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

SILER, ELLEN
450 PALMETTO STREET
JACKSONVILLE FL 32201

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TAYLOR, NANCY ☒ Delete
STREET ADDRESS P.O. BOX 9909
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE Immediate Past Pres. ☒ Change ☐ Addition
NAME Taylor, Nancy
STREET ADDRESS P.O. Box 4909
CITY-ST-ZIP Jacksonville, FL 32202

TITLE SD
NAME OBER, VINCENT ☐ Delete
STREET ADDRESS HUBBARD HOUSE PO BOX 4909
CITY-ST-ZIP JAX FL 32201

TITLE 2nd V.P. ☒ Change ☐ Addition
NAME Ober, Vincent
STREET ADDRESS Hubbard House PO Box 4909
CITY-ST-ZIP Jacksonville, FL 32202

TITLE TD
NAME KELLY, ED ☒ Delete
STREET ADDRESS HUBBARD HOUSE PO BOX 4909
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE Treasurer ☐ Change ☒ Addition
NAME PAUL SHICKEL
STREET ADDRESS Hubbard House P.O. Box 4909
CITY-ST-ZIP Jacksonville, FL 32202

TITLE CEO
NAME SILER, ELLEN ☐ Delete
STREET ADDRESS HUBBARD HOUSE PO BOX 4909
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE FVPD
NAME BROCKELMAN, ELIZABETH ☐ Delete
STREET ADDRESS HUBBARD HOUSE PO BOX 4909
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE President ☒ Change ☐ Addition
NAME Brockelman, Elizabeth
STREET ADDRESS Hubbard House P.O. Box 4909
CITY-ST-ZIP Jacksonville, FL 32202

TITLE 2VP
NAME HLADKI, CAROL ☒ Delete
STREET ADDRESS P.O. BOX 4909
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE Secretary ☐ Change ☒ Addition
NAME Andrea Thims
STREET ADDRESS Hubbard House, P.O. Box 4909
CITY-ST-ZIP Jacksonville, FL 32202

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: **X SILER, ELLEN** **ELLEN SILER C.E.O.** 1/9/03 354-0076 (804)

CR2E037 (10/02)