## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am secretary of State DOCUMENT # 744237 04-26-2001 90007 045 \*\*\*\*70.00 SERENITY HOUSE OF VOLUSIA, INC. Principal Place of Business Mailing Address 540 N. RIDGEWOOD AVENUE P.O. BOX 2196 DAYTONA BEACH FL 32115-2196 DAYTONA BEACH FL 32115-2196 644556 2. Principal Place of Business 3. Mailing Address 540 N. Ringewood we Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1849438 DAYTONA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CROY, RANDALL R 540 N. RIDGEWOOD AVENUE DAYTONA BEACH FL 32115-2196 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ■ Addition TITLE THOMPSON, JERRY NAME NAME **500 WALKER STREET** STREET ADDRESS STREET ADDRESS HOLLY HILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DOLINER, JERRY NAME NAME 2920 NORTH PENINSULA DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP DΫ Delete TITLE Change ☐ Addition TITLE HOFFMAN, THOMAS NAME NAME 1115 JACARANDA AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE **KEATING, GERARD** NAME NAME 318 SILVER BEACH STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition BLANNETT, KATHRYN NAME NAME 11 APPALOOSA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GREENSTEIN, JOEL NAME NAME 1200 N. HALIFAX AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 12. Thereby 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 of the encourage appears in Block 10 or Block 11 if

changed, or on an attachment

SIGNATURE:

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Sere	enity t	louse og Vol	NSIA, INC			Sta	mp # 624	45	DQ	
540 N.	¥ •	s OD AVENUE (FC 32115-2196	Mailing Address P.O. BOX 21  OAYTONA BI USA	96 EACH, FL	32115-	2196	•			
540 N	Place of Busin		3. Mailing Address					• .		
Suite, Apt	1. #, etc. NA BOA		Suite, Apt. #, etc.				DO NOT WRITE IN TH	HIS SPACE		
City & Sta	ate		City & State			4. FEI Numi	9-1849438		Applied For Not Applicab	
3211¥		Country	Zip	Country		5. Certificat	e of Status Desired 💢	\$8.75 Fee Req	Additional quired	
			nt Registered Agent	Name		_7Name an	d Address of New Register	ed Agent =-	<del></del>	
CROY	RANDAL	woo Aven	ve	Street	Address (F	O. Box Numb	per is Not Acceptable)		<del></del>	
740 K	A ROUTE	EACH, FL 32	115-2196							
UMMIC	)(UF+ OF	51CX 11C 50	110 21 10	City		<u> </u>		Zip (	Code	
8. The above	e named entity	submits this statement	for the purpose of changing its	registered office	or registere	ed agent, or bo	oth, in the state of Florida.	<u> </u>		
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent sign	nature required v	when reinstating)	DAT	Ē		
	FILE!		9. Election Campaign Trust Fund Contribu			May Be to Fees	Make Chec	Company of the second of	A CONTRACT OF THE PARTY OF THE	
10.		OFFICERS AND D	IRECTORS Delete	11.	DIP	DDITIONS/CH	HANGES TO OFFICERS AND	DIRECTORS  Chang		
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12. I hereby c	ertify that the	information supplied wit	n this filing does not qualify for t	the exemption sta	ated in Sect	tion 119.07(3)(	(i), Florida Statutes. I further of	ertify that th	e information	
of the corp	on this report poration or the	or supplemental report i receive <del>r o</del> ctrustee emp	s true and accurate and that my owered to execute this report a	y signature shall I s required by Chi	nave the sa apter 617, f	me legal effec Florida Statute	ct as it made under oath; that is; and that my name appear	i am an offic s in Block 10	er or director or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PG 2 86 3

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)									
DOCL	JMENT #744231	(cont '0)		Africhment Stompt 644656					
1. Entity Na	me			7					
				StoonpH 6 44504					
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S40 N.	ce of Business Ringewood Avenue	Mailing Address P.O. Sox 219	14						
DAYTON	Ringewood Avenue A BEALL, FL 32115-219	6 OAMTONA B	onch Fe	32115-2196					
us		US	•						
2. Principal Place of Business 3. Mailing Address 540 N. Gageway Avenue									
Suite, Apt	na Borch FL	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Sta	ate	City & State		4. FEI Number Applied For S9-1849438 Not Applied For					
Zig 3211	Y Country USA	Zip	Country	5. Certificate of Status Desired \$8.75 Additional					
3011	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent					
CROY R	LANDALI R		Name						
	1. Riggewood Avenue		Street A	Street Address (P.O. Box Number is Not Acceptable)					
DAYTON	JA BOACH, FL 32115	-2196							
			City	FL Zip Code					
8. The above	e named entity submits this statement f	or the purpose of changing its re	egistered office o	or registered agent, or both, in the state of Florida.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signa	sture required when reinstating) DATE					
		<u> </u>	<del>:</del>						
	FILE NOW:	<ol> <li>9. Election Campaign F</li> <li>Trust Fund Contributi</li> </ol>		\$5.00 May Be Added to Fees Department of State					
		NOSOTORS.							
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NAME		. El Bolçio	NAME	TERESA WISE					
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	32 S. PENINSULA DR DAYTONA BEACH, FL 32118					
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NAME STREET ADDRESS			NAME STREET ADDRESS	WELDON BLAKE 640 MARY MC1600 BLVD					
CITY-ST-ZIP			CITY-ST-ZIP	DAYTUNA BEACH, FL 32114					
TITLE NAME		☐ Delete	NAME	vicki miles					
STREET ADDRESS CITY-ST-ZIP		. •	STREET ADDRESS CITY-ST-ZIP	NEW SMYRNA BOXL, FL 32168					
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NAME STREET ADDRESS		· :	NAME STREET ADDRESS	BARBARA PARIS					
CITY-ST-ZIP			CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168					
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 eath; 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 is									
changed, or on an attachment with an address, with ellotter like empowered.									
SIGNAT	~ · · ~ · · · · · · · · · · · · · · · ·	Kylon		4-11-01 (386) 278-5000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayune Phone *									