

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90141 001 *****70.00

DOCUMENT # 745569

1. Entity Name

NORTH FLORIDA RETIREMENT VILLAGE, INC.

Principal Place of Business

**2801 NW 83RD STREET
 GAINESVILLE FL 32606**

Mailing Address

**2801 NW 83RD STREET
 GAINESVILLE FL 32606**

2. Principal Place of Business

8000 NW 27 Blvd.

3. Mailing Address

8000 NW 27 Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-1912330

Applied For

Not Applicable

Zip

32606

Country

Alachua

Zip

32606

Country

Alachua

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLDER, VANCE J
 5420 NW 9TH LANE
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name **Charles R. Page**

Street Address (P.O. Box Number is Not Acceptable)

1124 S.W. 166th Street

City **Newberry**

FL

Zip Code **32669**

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

Charles R. Page, Administrator / C.O.O. 7/25/01

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BOLTIN, WILLIAM 2801 NW 83 ST. APT. A320 GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURRANCE, JACK 1717 NW 23RD AVE #5A GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RION, WILLIAM 3937 NW 25 CIRCLE GAINESVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PAGE, CHARLES R 1124 SW 166TH STREET NEWBERRY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Paul G. McKinley 1659 NW 9th Circle Gainesville, FL 32605	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Jack Durrance 1717 NW 23rd Ave. #5A Gainesville, FL 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD William Pruitt 5621 NW 34 Street Gainesville, FL 32606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Les Rankin 10302 SW 41st Place Gainesville, FL 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

9/3/01

CR2E037 (5/01)

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