

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749770

1. Entity Name

VOLUSIA COMMUNITY CARE, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-07-2000 90007 032 ****61.25

Principal Place of Business
1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810

Mailing Address
1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810

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

59-2187337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WOODS, JUDSON I JR
1020 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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.

SIGNATURE Judson I. Woods, Jr.

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPPELL, LOIS	
STREET ADDRESS	65 CROOKED PINE RD.	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAROSA, PETE	
STREET ADDRESS	1825 WHIPPOORWILL LANE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, LUCKEY M.D.	
STREET ADDRESS	155 S HALIFAX AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDICT, JOSEPH	
STREET ADDRESS	P.O. BOX 10809	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, JACK	
STREET ADDRESS	269 WESTHAMPTON DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

904-767-0470

Date

Daytime Phone #

CR2E037 (9/99)