

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90497 034 ****61.25

DOCUMENT # 749770

1. Entity Name

VOLUSIA COMMUNITY CARE, INC.

Principal Place of Business

1220 Willis Ave.
 Daytona Beach, FL 32114
 32114-2810

Mailing Address

1220 Willis Ave.
 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

59-187337

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, Florida 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

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: D
 NAME: CHAPPELL, LOIS
 STREET ADDRESS: 65 CROOKED PINE RD.
 CITY-ST-ZIP: PORT ORANGE, FL 32124 ☐ Delete

TITLE: VD
 NAME: DIXON, JACK
 STREET ADDRESS: 269 WESTHAMPTON DR.
 CITY-ST-ZIP: PALM COAST, FL 32164 ☐ Delete

TITLE: PD
 NAME: BENEDICT, JOSEPH
 STREET ADDRESS: P.O. BOX 10809
 CITY-ST-ZIP: DAYTONA BEACH, FL 32120 ☐ Delete

TITLE: D
 NAME: KELLY, THOMAS
 STREET ADDRESS: 89 S. ATLANTIC AVE. #1004
 CITY-ST-ZIP: ORMOND BEACH, FL 32176 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)