

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # 766042

1. Entity Name **ARLINGTON Adult Day Care - your Social Center INC**  
**THE SOCIAL CENTER, INC.**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90014 009 \*\*\*\*35.00  
 06-09-2000 90028 031 \*\*\*\*70.00

Principal Place of Business  
 6318 ARLINGTON RD  
 JACKSONVILLE FL 32211  
 US

Mailing Address  
 6318 ARLINGTON RD  
 JACKSONVILLE FL 32211-5424  
 US

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  
**59-2273532**

☒ Applied For  
☐ Not Applicable

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

**HUGHES-FISHER, ALICE**  
**6318 ARLINGTON RD**  
**JACKSONVILLE FL 32211**

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.

**ALICE FISHER**

SIGNATURE *Alice Fisher*  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **FISHER, ALICE**  
 STREET ADDRESS **6318 ARLINGTON RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE **VD** ☒ Delete  
 NAME **BADGER, MILDRED**  
 STREET ADDRESS **4412 CLYDER DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete  
 NAME **FISHER, GARY**  
 STREET ADDRESS **5469 RIVER TEAL RD N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE **STD** ☒ Delete  
 NAME **HICKS, JOAN**  
 STREET ADDRESS **1102 RIO ST. JOHNS**  
 CITY-ST-ZIP **JAY FL**

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

TITLE **DR BS Phillips D** ☐ Delete  
 NAME **4300 LAKESIDE DR**  
 STREET ADDRESS **JAX FLA 32210**  
 CITY-ST-ZIP

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

TITLE **Ann Goldfield D** ☐ Delete  
 NAME **3615 IRVINGTON RD**  
 STREET ADDRESS **JAX FLA 32205**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *ALICE FISHER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-4-00** **744-7414**  
 Date Daytime Phone #

CR2E037 (9/99)