

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90055 011 \*\*\*\*61.25

0011890

**DOCUMENT # 766042**

1. Entity Name

~~THE SOCIAL CENTER, INC.~~ **ARLINGTON Social Center**  
 NO NAME CHG. *(initials)*

Principal Place of Business

Mailing Address

6318 ARLINGTON RD  
 JACKSONVILLE FL 32211  
 US

6318 ARLINGTON RD  
 JACKSONVILLE FL 32211  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2273532**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ARLINTON 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.

SIGNATURE

*Alice Fisher*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-19-01**

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	<input type="checkbox"/> Delete
NAME	FISHER, ALICE	
STREET ADDRESS	6318 ARLINGTON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BADGER, MILDRED	
STREET ADDRESS	4412 CLYDER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, GARY	
STREET ADDRESS	5469 RIVER TEAL RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HICKS, JOAN	
STREET ADDRESS	1102 RIO ST. JOHNS	
CITY-ST-ZIP	JAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Alice Fisher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-01 904-744-9444**

Date Daytime Phone #

CR2E037 (10/00)