

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767310

1. Entity Name

FLORIDA ADULT DAY CARE ASSOCIATION, INC.



FILED
Jul 31, 2003 8:00 am
Secretary of State

05-27-2003 90166 047 ****61.25

0000386

Principal Place of Business

Mailing Address

5200 NW 43RD ST
102 PMB-310
GAINESVILLE FL-32606
US

5200 NW 43RD ST #102
PMB 310
GAINESVILLE FL 32606
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 59-2283155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

55052917



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, CINDY
5877 OLD TIMUQUANA ROAD
JACKSONVILLE FL 32210

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. I am familiar with, and accept the obligations of registered agent.

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DIXON, CINDY	
STREET ADDRESS	5877 OLD TIMUQUANA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	EVANS, FAYE	
STREET ADDRESS	9901 CISCO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHINDLER, ALICIA	
STREET ADDRESS	1008 NE 115TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPAUD, MARY	
STREET ADDRESS	2002 NW 36TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHINDLER, ALICIA	
STREET ADDRESS	1008 NE 115TH ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, CINDY	
STREET ADDRESS	13650 STONEYBROOK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Elizabeth	
STREET ADDRESS	5001 Hollywood Boulevard	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input 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	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwen Duncan	
STREET ADDRESS	20055 NW 9 Court	
CITY-ST-ZIP	N. Miami, FL 33169	
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

7/28/03 954-983-2742

Date

Daytime Phone #

CR2E037 (4/03)