

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000395**1. Entity Name
VOLUSIA-FLAGLER ELDER CARE NETWORK, INC.Principal Place of Business
5948 DORAVILLE DRIVE
PORT ORANGE FL 32127Mailing Address
5948 DORAVILLE DRIVE
PORT ORANGE FL 32127

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
59-3619285Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****SPIEGEL & UTRERA, P.A.**
343 ALMERIA AVENUE**CORAL GABLES FL 33134 US**Name
WHITE MOLLY S
Street Address (P.O. Box Number is Not Acceptable)
5948 DORAVILLE DRIVE
City
PORT ORANGE FL Zip Code
32127

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 **MOLLY S. WHITE****03/13/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	STD	<input type="checkbox"/> Delete
NAME	WHITE MOLLY S	
STREET ADDRESS	5948 DORAVILLE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTNER JAN	
STREET ADDRESS	210 BUNKER COURT	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE RALPH N	
STREET ADDRESS	5948 DORAVILLE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: Ralph N. White

Pres

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)