

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000395**

1. Entity Name

VOLUSIA-FLAGLER ELDER CARE NETWORK, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 043 ****70.00

0000829

Principal Place of Business

**5948 DORAVILLE DRIVE
PORT ORANGE FL 32127**

Mailing Address

**5948 DORAVILLE DRIVE
PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3619285**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, MOLLY S
5948 DORAVILLE DRIVE
PORT ORANGE FL 32127**

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. 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

**After September 13, 2002,
min. will be \$236.25.**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 **PD** ☐ Delete
NAME **WHITE, RALPH N**
STREET ADDRESS **5948 DORAVILLE DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE **D** ☐ Delete
NAME **FORTNER, JAN**
STREET ADDRESS **210 BUNKER COURT**
CITY-ST-ZIP **DEBARY FL 32713**TITLE **STD** ☐ Delete
NAME **WHITE, MOLLY S**
STREET ADDRESS **5948 DORAVILLE DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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**

9/9/02

386-344-9560

CR2E037 (4/02)

Attachment

#N000000000395

September 11, 2002

Dear Sir/Madam:

I am writing to you in hopes that the filing fee be waived. This is the first such notice that has been received by this corporation for the 2002 year.

Thank you for your consideration,

Molly S. White

Molly S. White

Treasurer

Volusia-Flagler Elder Care Network, Inc