

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000491

1. Entity Name

VETERANS RESIDENTIAL COMMUNITY OF FLORIDA, INC.

Principal Place of Business

1898 BRECKENRIDGE BLVD.
MIDDLEBURG FL 32068

Mailing Address

1898 BRECKENRIDGE BLVD.
MIDDLEBURG FL 32068

2. Principal Place of Business

415 EAST MONROE ST.

3. Mailing Address

415 E. MONROE ST.

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

32202

Country

DUVAL

Zip

32202

Country

DUVAL

6. Name and Address of Current Registered Agent

GROW, BETTY

1898 BRECKENRIDGE BLVD.
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

N/A.

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

Betty Noadley Grow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROW, BETTY 1898 BRECKENRIDGE BLVD. MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, DEWEY P.O. BOX 551065 JACKSONVILLE FL 32255-1065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CARLOTTA 1756 ST. JOHN'S BLUFF NORTH JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Betty Noadley Grow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2001

Date

(904) 354-5135

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90070 006 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)