

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90122 022 ****61.25

DOCUMENT # N00000000491

1. Entity Name

VETERANS RESIDENTIAL COMMUNITY OF FLORIDA, INC.



Principal Place of Business

**76 SOUTH LAURA ST
2102
JACKSONVILLE FL 32202**

Mailing Address

**PO BOX 551065
JACKSONVILLE FL 32255-1065**

2. Principal Place of Business

1898 BRECKENRIDGE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Middleburg FLORIDA

City & State

Zip

Country

32068-6730

FLORIDA

Zip

Country

4. FEI Number **59-3634790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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

Betty H. Grow

1-15-03

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

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

TITLE **D** ☐ Delete
NAME **GROW, BETTY**
STREET ADDRESS **1898 BRECKENRIDGE BLVD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete
NAME **PAINTER, DEWEY**
STREET ADDRESS **P.O. BOX 551065**
CITY-ST-ZIP **JACKSONVILLE FL 32255-1065**

TITLE **D** ☐ Delete
NAME **WILLIAMS, WILLIAM**
STREET ADDRESS **7650 6TH LAURA ST #2102**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Betty H. Grow

(904) 269-9926

CR2E037 (10/02)