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FILED**May 24, 2001 8:00 am**
Secretary of State

03-05-2001 90074 043 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001515**

1. Entity Name

THE GARDENS OF MOUNT CARMEL, INC.

Principal Place of Business

Mailing Address

5846 MT. CARMEL TERRACE
JACKSONVILLE FL 322165846 MT. CARMEL TERRACE
JACKSONVILLE FL 32216

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

59-3632187

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, SUSAN C ESQ.
1301 RIVERPALCE BLVD.
SUITE 1500
JACKSONVILLE FL 32207

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, JACK	
STREET ADDRESS	1436 SWAN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	V-PRESIDENT
TITLE	D	<input type="checkbox"/> Delete
NAME	BENWICK, BRIAN	
STREET ADDRESS	11628 LOIS CROSS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	PRESIDENT
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, DEBBI	
STREET ADDRESS	803 WOOD HILL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	SECRETARY
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BEN	
STREET ADDRESS	11550 HIDDEN HARBOR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	Treasurer
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, GERALD	
STREET ADDRESS	2132 LA VACA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	AXELBERG, LOUISE	
STREET ADDRESS	3853 OLDFIELD TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32223	member

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Slutzah	
STREET ADDRESS	4009 Ponce de Leon Ave.	
CITY-ST-ZIP	Jacksonville, FL 32217	MEMBER
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		<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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)