

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002333

FILED

1. Entity Name
VILIERE FOSTER, SHELTER & GROUP HOME, INC.

02 OCT 15 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4306 E. 22ND AVE.
TAMPA FL 33605

Mailing Address

4306 E. 22ND AVE.
TAMPA FL 33605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4306 E. 22nd Ave. Tampa FL
Suite, Apt. #, etc.

3. Mailing Address

4306 E. 22nd Ave.
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3663091

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33605

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILIERE, NETTIE
4306 E. 22ND AVE.
TAMPA FL 33605

Nettie Vilier President

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

Nettie Vilier Pastor of the Church & President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10-11-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME VILIERE, NETTIE
STREET ADDRESS 4306 E. 22ND AVE.
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100008426991
10/17/02--01053--027 **8.75

TITLE D
NAME SPEARMAN, BEATRICE W
STREET ADDRESS 2420 EAST EMMA
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100008426991
10/17/02--01053--028 **236.25

TITLE D
NAME JONES, DAVID A DR.
STREET ADDRESS 3102 EAST LAKE AVENUE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

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

TITLE Deacon
NAME James Dixon Jr. Add ☐ Delete
STREET ADDRESS 504 E. James St. Tampa FL 33603
CITY-ST-ZIP

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

TITLE Counselor
NAME Patricia Deravil Add ☐ Delete
STREET ADDRESS 3411 N. Card St
CITY-ST-ZIP Tampa FL 33605

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

TITLE Respite Care taker Add ☐ Delete
NAME Katelyn Rutledge
STREET ADDRESS 2417 S. 66th St
CITY-ST-ZIP Tampa FL 33605

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

CR2E037 (4/02)

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:

Nettie Vilier President

10-11-02-8134262536