

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90808 001 ****61.25

DOCUMENT # N00000006850

1. Entity Name
PROJECT SPECIAL CARE INC.



Principal Place of Business
**2200 N. PONCE DE LEON BLVD STE 3
ST AUGUSTINE FL 32084**

Mailing Address
**2200 N. PONCE DE LEON BLVD STE 3
ST AUGUSTINE FL 32084**

2. Principal Place of Business
1955 US 1 South

3. Mailing Address
1955 US 1 South

Suite, Apt. #, etc.
Ste. 400

Suite, Apt. #, etc.
Ste. 400

City & State
St. Augustine, FL

City & State
St. Augustine, FL

4. FEI Number **59-3675101**

Applied For
☐ Not Applicable

Zip
32086

Country
USA

Zip
32086

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRUCE, GARY
2200 N. PONCE DE LEON BLVD STE 3
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name
Bruce, Gary

Street Address (P.O. Box Number is Not Acceptable)
1955 US 1 South Ste. 400

City
St. Augustine FL 32086

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

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	DP	<input type="checkbox"/> Delete
NAME	BRUCE, GARY	
STREET ADDRESS	344 INDIAN BEND ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOH, ALAN	
STREET ADDRESS	3932 S PENINSULA DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEBOER-COOK, AINSLEY	
STREET ADDRESS	213 PALMETTO AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce, Gary	
STREET ADDRESS	603 St. Augustine South Dr.	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nixon, Larry	
STREET ADDRESS	444 Seabreeze Ave. Ste. 730	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwards, Denise	
STREET ADDRESS	603 St. Augustine South Dr.	
CITY-ST-ZIP	St. Augustine, FL 32086	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 904 824 6624

Date

Daytime Phone #

CR2E037 (10/02)