

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002017

1. Entity Name

VOLUNTEER ASSISTANCE FOR INDEPENDENT LIVING, INC

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90119 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

140 S RIDGEWOOD AVE  
SUITE 710  
DAYTONA BEACH FL 32119

PO BOX 740  
DAYTONA BEACH FL 32115

2. Principal Place of Business

3. Mailing Address

Susan Eskin  
Suite, Apt. #, etc.  
1702 Louisiana Rd.

V. A. I. L.  
Suite, Apt. #, etc. suite 606  
1500 Beville Rd. PMB 102

City & State  
South Daytona, FL

City & State  
Daytona Beach, FL

4. FEI Number  
59-3706002

Applied For  
Not Applicable

Zip  
32119

Country  
Volusia

Zip  
32114-5646

Country  
Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKIN, MARSHALL H  
140 S RIDGEWOOD AVE  
SUITE 710  
DAYTONA BEACH FL 32114

Name  
Nancy Dawson  
Street Address (P.O. Box Number is Not Acceptable)  
55 Knollwood Estates Dr.  
City  
Ormond Beach FL Zip Code  
32174

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 Nancy Dawson 2/26/02  
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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESKIN, SUSAN  
1702 LOUISIANA RD  
SOUTH DAYTONA FL 32119 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAWSON, NANCY  
55 KNOLLWOOD ESTATES DR  
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BIXBY, MARY K  
64 AQUA CT  
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Nancy Dawson 2/26/02 386-322-4748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)