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

DOCUMENT # N01000004655

1. Entity Name

Estoria's Adult Day Care Center Inc

FILED

04 SEP 30 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1337 West 23rd St<br>Suite, Apt. #, etc. | 1157 Romaine Cir. W.<br>Suite, Apt. #, etc. |
| City & State: Jacksonville, Fl | City & State: Jacksonville, Fl |
| Zip: 32209 Country: USA | Zip: 32225 Country: USA |

4. FEI Number: N01000004655 ☒ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Charlie mae Jones

Street Address (P.O. Box Number is Not Acceptable)

1157 Romaine Cir. W.

City: Jacksonville FL Zip Code: 32225

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: Charlie Mae Jones DATE: 9-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS $61.25**
**Initial or Amended UBR**

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 | President |
| NAME | Charlie mae Jones |
| STREET ADDRESS | 1157 Romaine cir. W. |
| CITY-ST-ZIP | Jacksonville, Fl 32225 |
| TITLE | Vice President |
| NAME | Milton B. Jones |
| STREET ADDRESS | 1157 Romaine Cir W. |
| CITY-ST-ZIP | Jacksonville, Fl. 32225 |
| TITLE | Treasure |
| NAME | Odessa S. Williams |
| STREET ADDRESS | 2947 Ribault cir. |
| CITY-ST-ZIP | Jacksonville, Fl. 32208 |
| TITLE | Secretary |
| NAME | Dr. Arlene Howard |
| STREET ADDRESS | 5816 Lyseid Dr. |
| CITY-ST-ZIP | Jacksonville, Fl. 32209 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | 100041637381<br>10/06/04--01024--005 **70.00 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charlie Mae Jones 9-28-04