

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005329

FILED  
Aug 20, 2002  
Secretary of State

Entity Name: INDEPENDENT LIVING FOUNDATION, INC.

## Current Principal Place of Business:

2709 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

2709 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RANDALL, MARCIA  
2709 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, CHIP MR.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: JACKSON, BEVERLY MS.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST ( ) Delete  
Name: RANDALL, MARCIA MS.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: WILSON, CHIP MR.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change ( ) Addition  
Name: JACKSON, BEVERLY MS.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change ( ) Addition  
Name: RANDALL, MARCIA MS.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Change (X) Addition  
Name: MCDERMOTT, TIM MR.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST ( ) Change (X) Addition  
Name: LANDARCHE, PAUL MR.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Change (X) Addition  
Name: LEWIS, JOHN MR.  
Address: 2709 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEWIS

P

08/20/2002

Electronic Signature of Signing Officer or Director

Date