

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-19-2003 90125 011 *****61.25

DOCUMENT # N01000005329



1. Entity Name

INDEPENDENT LIVING FOUNDATION, INC.

Principal Place of Business

**2709 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

Mailing Address

**2709 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RANDALL, MARCIA
2709 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

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

Marcia Randall, Atty. Atty.

3/13/03

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 NAME ☐ Delete
WILSON, CHIP MR.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
JACKSON, BEVERLY MS.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
RANDALL, MARCIA MS.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
VP McDERMOTT, TIM MR.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
ST LANDARCHE, PAUL MR.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
P LEWIS, JOHN MR.
STREET ADDRESS 2709 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☐ Change ☒ Addition
VP McDERMOTT, Tim (D)
STREET ADDRESS 2709 ART MUSEUM DR.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☐ Addition
ST LANDARCHE, Paul (D)
STREET ADDRESS 2709 ART MUSEUM DR.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☒ Addition
P Lewis, John (D)
STREET ADDRESS 2709 ART MUSEUM DR.
CITY-ST-ZIP JACKSONVILLE FL 32207

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 information.

SIGNATURE:

SIGNATURE: Randall

3/14/03

904-399-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)