

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90149 039 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # NO1000007477

1. Entity Name

NEW HORIZON ADULT DAYCARE CENTER, INC.

Principal Place of Business

Mailing Address

1622 WEST BLUE HERON
 RIVIERA BEACH FL 33404

1622 WEST BLUE HERON
 RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

1622 W. Blue Heron
 Suite, Apt. #, etc.

1622 W. Blue Heron
 Suite, Apt. #, etc.

City & State
 Riv. Bch, FL

City & State
 Riv. Bch, FL

4. FFI Number
 50-0003294

Applied For
 Not Applicable

Zip
 33404

Country
 Palm Bch.

Zip
 33404

Country
 Palm Beach

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

JONES, BENNIE SR.
 1622 WEST BLUE HERON
 RIVIERA BEACH FL 33404

Name Bennie Jones Sr.
 Street Address (P.O. Box Number is Not Acceptable) 1622 W. Blue Heron Blvd.
 City Riv. Bch FL Zip Code 33404

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 Bennie Jones, Bennie Jones Sr.
 Signature, typed or printed name of registered agent and title if applicable.

8-24-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,
 min. will be \$236.25.

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	PD JONES, BENNIE SR. 1622 WEST BLUE HERON RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DOROTHY 1622 WEST BLUE HERON RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, KARTISA 1521 WEST 11TH STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, DOROTHY P 2240 "H" AVENUE WEST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, DIANE P 450 WEST 37TH STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOYD, ALZEN 213 CANTERBURY DRIVE WEST WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy Jones, Dorothy Jones 8-24-02 (561) 840-1984

CR2E037 (4/02)