

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91877 001 ***183.75

DOCUMENT # N02000004803

1. Entity Name

NEWACTS COMMUNITIES OF FLORIDA, INC.



Principal Place of Business

**6901 SW 18TH ST., SUITE 301
BOCA RATON FL 33433**

Mailing Address

**6901 SW 18TH ST., SUITE 301
BOCA RATON FL 33433**

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

☒ Applied For
☐ Not Applicable

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

**IRWIN, DANIEL H
6901 SW 18TH ST., SUITE 301
BOCA RATON FL 33433**

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

Daniel H. Irwin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	GUNN, GEORGE R JR.	
STREET ADDRESS	375 MORRIS RD.	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HEAPS, MARVIN D JR.	
STREET ADDRESS	375 MORRIS RD.	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	MASHNER, MARVIN	
STREET ADDRESS	375 MORRIS RD.	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	GRANT, GERALD T	
STREET ADDRESS	375 MORRIS RD.	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heaps, Marvin D.	
STREET ADDRESS	375 Morris Rd., West Point, PA 19486	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

George R. Gunn, Jr.
SIGNATURE REQUIRED

215-661-8330

CR2E037 (10/02)