

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90037 017 \*\*\*\*70.00

**DOCUMENT # N11795**

1. Entity Name

**KEEPSAFE CENTER, INC.**

Principal Place of Business

Mailing Address

**KEEPSAFE CENTER, INC**  
**JACKSONVILLE FL 32219**  
**US**

**5626 SOUTLE DR**  
**JACKSONVILLE FL 32219-3772**  
**US**

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

**59-2607775**

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

**WALKER, MS. HERMONYONE**  
**5626 SOUTEL DR**  
**JACKSONVILLE FL 32219**

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, DR WENDELL</b>	
STREET ADDRESS	<b>5425 VERNA BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MARIAN</b>	
STREET ADDRESS	<b>3237 ERNEST STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WELLS, JOHN</b>	
STREET ADDRESS	<b>604-6 NEW BERLIN RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEMMEL, DAVE</b>	
STREET ADDRESS	<b>1303 PULLEN RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, HERMONNYONE</b>	
STREET ADDRESS	<b>1265 WILLARD LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLAYLOCK, MICHAEL</b>	
STREET ADDRESS	<b>100 N MYRTLE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Morrison, Dr. Wendell</b>	
STREET ADDRESS	<b>5425 Verna Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wells, John</b>	
STREET ADDRESS	<b>1530 Elmar Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32218</b>	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/00**

**904-768-6456**

Date

Daytime Phone #

CR2E037 (9/99)