

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13101

1. Entity Name

THE FANNIE E. TAYLOR HOME FOR THE AGED-TAYLOR FO

Principal Place of Business

6601 CHESTER AVE.
JACKSONVILLE FL 32217

Mailing Address

6601 CHESTER AVE.
JACKSONVILLE FL 32217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RICE, JAMES T
6601 CHESTER AVENUE
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name James T. Rice
Street Address (P.O. Box Number is Not Acceptable) 6601 Chester Ave
City Jacksonville FL Zip Code 32217

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS CHRISTIAN, R. IRVIN
CITY-ST-ZIP 1027 BROOKMONT AVE.,E.
JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME D
STREET ADDRESS PENCE, WILLIAM B.,JR.
CITY-ST-ZIP 14830 PLUMOSA DR.
JACKSONVILLE BCH. FL 32250

TITLE ☐ Delete
NAME STD
STREET ADDRESS MCGEHEE, C. COLLIER, JR.
CITY-ST-ZIP 112 W ADAMS ST #924
JACKSONVILLE FL 32202

TITLE ☐ Delete
NAME VCD
STREET ADDRESS SIZEMORE, ROBERT J.
CITY-ST-ZIP 11338 ELAINE DR.
JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME D
STREET ADDRESS POARCH, BERT P.
CITY-ST-ZIP 178 JEFFERSON, AVE. E
ORANGE PARK FL 32065

TITLE ☐ Delete
NAME D
STREET ADDRESS HENDRICKS, HERMAN
CITY-ST-ZIP RT 4 BOX 2010
LAKE BUTLER FL 32054

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ 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 OF REGISTERED AGENT James T. Rice 3/9/01 904-636-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90227 001 ***350.00

00486



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)