

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28740

1. Entity Name

THE H. WARNER WEBB CENTER FOR INDEPENDENT LIVING,

Principal Place of Business

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202

Mailing Address

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202-5151

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

59-2919779

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

SMITH HULSEY & BUSEY  
1800 FIRST UNION NATIONAL BANK TOWER  
225 WATER STREET  
JACKSONVILLE FL 32202

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 S  
NAME MARKESON, JANICE  
STREET ADDRESS 1832 WOODMERE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE  
NAME HARBESON, Janice ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME MCCORVEY, JOHN  
STREET ADDRESS 1075 HENDRICKS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DIRECTOR  
NAME Scheu, William E. ☐ Change ☒ Addition  
STREET ADDRESS 1301 Riverplace Blvd., 15th Floor  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE VP  
NAME LOOP, JANE  
STREET ADDRESS 2862 IONIC AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE T  
NAME MORALES, RICK  
STREET ADDRESS 6900 PHILLIPS HIGHWAY STE. 11  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE D  
NAME ERNARD, MICHAEL  
STREET ADDRESS 807 NINA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME ERhard, Michael ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CEROLS, BRUCE  
STREET ADDRESS 1131 NORTH LAURA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. McCorvey, JR

3/8/00 904-348-3029

Date

Daytime Phone #

CR2E037 (9/99)