

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32628

1. Entity Name

MIDDLEBURG SENIOR SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90071 011 ****61.25

Principal Place of Business

3916 SECTION ST
MIDDLEBURG FL 32068
US

Mailing Address

3916 SECTION ST
MIDDLEBURG FL 32068-5158
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 **59-2955955**

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

STEINBRING, MAXINE V
1973 GENTLE BREEZE RD
MIDDLEBURG FL 32068

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 **CD** ☒ Delete
NAME **HERNDON, J C**
STREET ADDRESS **2441 STONE BRIDGE DR**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **CD** ☒ Change ☐ Addition
NAME **Kitts, Ira**
STREET ADDRESS **2920 Ravines Road, Box 1203**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **VD** ☒ Delete
NAME **HARPER, CHARLIE**
STREET ADDRESS **3847 FORREST DR**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** ☒ Change ☐ Addition
NAME **Herndon, J. C.**
STREET ADDRESS **2441 Stonebridge Drive**
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **SD** ☒ Delete
NAME **GORDON, MARGARET**
STREET ADDRESS **915 BASCOMB RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **SD** ☒ Change ☐ Addition
NAME **Moore, Dorothy G.**
STREET ADDRESS **951 Oak Lane, P. O. Box 1183**
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **TD** ☐ Delete
NAME **STEINBRING, MAXINE V**
STREET ADDRESS **1973 GENTLE BREEZE RD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Maxine V Steinbring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000 904-282-7501

Date

Daytime Phone #

CR2E037 (9/99)