

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**  
05-09-2003 90136 026 \*\*\*\*61.25

**DOCUMENT # N32628**

1. Entity Name

**MIDDLEBURG SENIOR SERVICES, INC.**



Principal Place of Business

**3916 SECTION ST  
MIDDLEBURG FL 32068  
US**

Mailing Address

**3916 SECTION ST  
MIDDLEBURG FL 32068  
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ZDERMAN, EDWARD  
4593 ALLIGATOR BLVD  
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name **Sara H. Allen**  
Street Address (P.O. Box Number is Not Acceptable)  
**6007 County Rd 218**  
**Jacksonville**  
City **FL** Zip Code **32234**

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 **SARA G ALLEY**  
Signature, typed or printed name of registered agent and title if applicable.

**Sara H. Allen**  
(NOTE: Registered Agent signature required when reinstating)

**May 8, 03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, NELLIE</b>	
STREET ADDRESS	<b>4249 BRANDI LANE</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SERNER, EDWARD H</b>	
STREET ADDRESS	<b>=4593 ALLIGATOR BLVD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNDON, MARGARET</b>	
STREET ADDRESS	<b>2441 STONEBRIDGE DR.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, AUDREY H</b>	
STREET ADDRESS	<b>1850A HERFORD RD.</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068-3104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIRE ATKINS</b>	
STREET ADDRESS	<b>3837 WOODMERE TR</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARA A ALLEN</b>	
STREET ADDRESS	<b>6007 CTY RD 218</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32234</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLOTTE JOHNSON</b>	
STREET ADDRESS	<b>267 ASTER BLVD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGARET HERNDON</b>	
STREET ADDRESS	<b>2441 STONE BRIDGE DR.</b>	
CITY-ST-ZIP	<b>ORANGE PK. FL 32065</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:

**SARATORA RECEIVED SARA G ALLEN 5-8-03**

CR2E037 (10/02)