

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33937

1. Entity Name

THE NORTHWEST ADULT DAYCARE CENTER OF JACKSONVIL

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90189 043 ****61.25

Principal Place of Business

Mailing Address

1500 ROWE AVENUE
JACKSONVILLE FL 32208
US

4412 CLYDE DR.
JACKSONVILLE FL 32208-1969
US

2. Principal Place of Business

NORTHWEST ADULT DAYCARE

3. Mailing Address

1500 ROWE AVENUE

Suite, Apt. #, etc. CENTER OF JAX.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State

4. FEI Number

59-2951613

Applied For

Not Applicable

Zip
32208

Country
US

Zip

Country

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

BADGER, MILDRED D.
4412 CLYDE DR
JACKSONVILLE FL 32208

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 DP ☐ Delete
NAME BADGER, MILDRED D.
STREET ADDRESS 4412 CLYDE DR
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DV ☐ Delete
NAME NEWSOME, ISAAC JR.
STREET ADDRESS 4412 CLYDE DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME DV
STREET ADDRESS NEWSOME, ISAAC JR.
CITY-ST-ZIP 3633 CLYDE DRIVE, JAX. FL. 32208

TITLE D ☒ Delete
NAME VARNEDOE, GAIL L
STREET ADDRESS 9525 SIBBALD RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☒ Change ☒ Addition
NAME MR. ISAAC WILLIAMS
STREET ADDRESS 8905 CASTLE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL. 32208

TITLE D ☒ Delete
NAME FISHER, ALICE
STREET ADDRESS 2549 RIVERTRAIL RD N
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MR. STANDLEY TWIGGS
CITY-ST-ZIP 11753 MALLARD LANE
JACKSONVILLE, FL. 32218

TITLE ☐ Delete
NAME MS. GWENDOLYN KEITH
STREET ADDRESS 4835 W. VIRGINIA AVENUE
CITY-ST-ZIP JACKSONVILLE, FL. 32209

TITLE ☐ Change ☒ Addition
NAME MR. REGINALD L. GAFFNEY
STREET ADDRESS 1845 DAYTONA LANE
CITY-ST-ZIP JACKSONVILLE, FL. 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MR. SHADRACH ADAMS
STREET ADDRESS 2438 PALMDALE STREET
CITY-ST-ZIP JACKSONVILLE, FL. 32208

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:

MILDRED BADGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)