

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33937

1. Entity Name

THE NORTHWEST ADULT DAYCARE CENTER OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

CENTER OF JAX
JACKSONVILLE FL 32208
US

Mailing Address

1500 ROWE AVE
JACKSONVILLE FL 32208
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

59-2951613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BADGER, MILDRED D.
4412 CLYDE DR
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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

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

☐ Delete

TITLE DV
NAME NEWSOME, ISAAC JR.
STREET ADDRESS 3633 CLYDE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Mildred D. Badger* *Mildred D. Badger* 1/8/02 904-7663422

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90069 048 ****61.25



DO NOT WRITE IN THIS SPACE

0003445

CR2E037 (9/01)