

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90417 001 ****70.00

DOCUMENT # N35219

1. Entity Name

THE COVES HOME FOR AGING, INC.



Principal Place of Business

% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258-1402

Mailing Address

% ELLIOTT PALEVSKY
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258-1402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3100675**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALEVSKY, ELLIOTT
11401 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DATZ, BERNIE	
STREET ADDRESS	8605 VILLA SAN JOSE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, HELENE	
STREET ADDRESS	1438 SWAN LAKE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PRICE, JACK	
STREET ADDRESS	8378 KIM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LAFER, DENNIS	
STREET ADDRESS	8340 BAROVERO DR N.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMO, DONALD	
STREET ADDRESS	1934 HIBERNIA COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JACK	
STREET ADDRESS	11111 CHESTER LAKE ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, LOIS	
STREET ADDRESS	P.O. BOX 1740	
CITY-ST-ZIP	JACKSONVILLE, FL 32201	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFF-RADFORD, MICHELLE	
STREET ADDRESS	8650 HOLLY RIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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:

SIGNATURE REQUIRED

Jack Price

4/28/03

904-260-1818

CR2E037 (10/02)