

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 023 ****61.25

0053127

DOCUMENT # N46803

1. Entity Name

DEVELOPMENTAL LIVING FACILITIES OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

**21 NEWPORT B
DEERFIELD BEACH FL 33442****21 NEWPORT B
DEERFIELD BEACH FL 33442****901428**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0307559

Applied For

Not Applicable

Zip

Country

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

**HILLEY, V. DONALD
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D EDSON, VONNIE 11842 KESWICK WAY WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
D GOROVITZ, HAROLD 720 S. DIXIE HWY LANTANA FL	<input type="checkbox"/>		<input type="checkbox"/>
D PICKERING, NADA 1435 N. LAKE COURT WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
D GOETZ, ED 245 N E 21ST STREET BOCA RATON FL 33431	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2001

Date

(561) 3338844

Daytime Phone #

CR2E037 (10/00)